NATIONAL ASS	essment Conti	e Services	[ne' · Jarros]	مي يو			0.00	
Date In: 04/04/		Job description		Date &	Time Comp	leted	Done	pà.
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Veh No FBK63a		E-mail (within 8	ihrs, AlC 2hrs)	T		Ti-		
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		Assessment/Sur		+		-	17 18 19 0 11	
TP insurer:	68	Ass't Report by		0 Owner	Wksp			
Preferred Wksp / INC As	sign Wksp / QW: (Tel:		Fax:		
TP Particulars:	Veli No:	5mf81824	, INC()/N	n-INC ()	12.00	***************************************
Owner / Driver: (·			Tel:)	
Policy No: () Pc	eriod: ()	Cover	Type: (Winds September 1)	
Confirmed by .	. (Date:		Time:)	
Insured/Driver Liabili	ty: (%) [Note-Est. Status (W	70): N: 0-20	0%; P:	21-79%. F	7: 80-100%		
Year of Registration:	()	Warranty: YES ()/NO()				
Excess: (\$) Loading: \$1,0	000 () / \$2,000	()	C. 100 P. 17 W. 10				
General Remarks:	THE SHOW STATE	La transportant		1234	SALANA.	4,12	,	130100000000000
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Drive-In ()/ Towe	d-In (); Invoic	e: YES()/N	0(),1					
Remarks: 100 h	ofling: 6788 6616)			Dates	Timo Compl	o vid	Done.	by
1) Apply for Transport		Courtesy Car ()					
2) QC Check / Post Rep	air Inspection	()				1000		
3) Upload Resurvey Ph	oto [Repair Cost > \$	3000] ()				0001000000	
Injury:		1000						
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ar Galati Gally and a Calabara	05. Ch455. 201. Section 4.05 (35)		1) AR : Acciden	t Reporting	(530);			
laumant's Particulars			2) DA : Damage 3) TF : Towing I		nt (\$100);	INC (\$30) \$40/\$45		
Priver/Owner:			4) FT : Follow-T	hrough St	rvey	\$120		
Contact No:			5) FT : Follow-1	Through St	Tonly (Wef 10	Jen 2005)		
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at. 1:			TP (N11): T	r (Nun IN	C) against INC	30	-	
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an all			Involve dated		Fee	Charged	:11	1

SINGAPORE ACCIDENT STATEMENT

Contact Number

EMail Address

- IMPORTANT NOTICE

 1. 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 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	04/04/2020 11:49
Date Of Accident	06/03/2020 22:20
Exact Location Of Accident	MIDDLE ROAD
Country/State of Loss	SINGAPORE
第二十四十四十四十四十四十四十四十四十四十四十四十四十四十四十四十四十四十四十四	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBK6302H
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD BAZIL BIN MOHAMED IBRAHIM
NRIC No	SXXXX002J
Email Address	BAZZILIBRAHIM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98568547
Alternative Phone No	OTHERS-98568547
Vehicle Particulars	
Manufacturer	KTM
Model	RC200
Exact Purpose for which vehicle was being used at time of accident	COMMUTING
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSD/VMS/19-406802/CA
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD BAZIL BIN MOHAMED IBRAHIM
NRIC No	SXXXX002J
Date Of Birth	19/05/1996
Occupation	INDOOR
Date Of Driving Pass	24/05/2018
Driving Experience	1 YEAR AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98568547
Fax Number	

OTHERS-98568547

BAZZILIBRAHIM@GMAIL.COM

BLK 155 YISHUN STREET 11 Address

#03-90

Postcode 760155

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

Insurance Company of Driver's Own Vehicle

OWNER

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? Was any other material or property damaged?

YES YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

TRAFFIC POLICE DIVISION HQ

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Police Station Name

NO

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20200311/7024

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

SMF8182U

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

KWANG KOK YONG

NRIC/Passport Number

SXXXX778I

Contact Number

90219811

Address Postcode

Insurance Company Name

Page 2 of 23

Nature Of Damage

No. Of Passenger (Including Driver)

Approximate Age

Name

MUHAMMAD BAZIL BIN MOHAMED IBRAHIM

Injuries Sustain

SLIGHT

Injured person in which vehicle?

FBK6302H

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.
- 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.
- 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 (65)

03-ADRIC 2020

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

KETCH PLAN	MIDDLE ROAD
A - FBK6302H B-SMF8182U	
ESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
P/s refer to the po	hie report: T/20200311/7024
CLARATION //e declare the foregoing particulars are true in every re On . April - 2020	Spect.

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.:

GIARMIC SketchPlanForm_V3





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20200311/7024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/03/2020 15:02			Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars				
Name of Informant: MUHAMMAD BAZIL BIN MOHAMED IBRAHIM ID Type / ID No.: NRIC NO / S9618002J			Address: APT BLK 155 YISHUN STREET 11 #03-90 SINGAPORE 760155 Contact No.: Home/Office: Mobile: 98568547			
Nationality: SINGAPORE CITIZEN			Email: bazzilibrahim@gmail.com			
Sex: Male	Age: 23	Date of Birth: 19/05/1996	Type of Informant: Rider			
Race: Malay			Language: Institution / School Nar English			
Occupation: Financial/Investment adviser			Driving Licence Information: Class: Date of Expiry:			

General Infor	mation of the Accident			West and the second second	
Type of Accident: Injury Attended by Police		Drink Drive: No	Date/Time of Accident: 06/03/2020 22:20	Type of Location: X-Junction	
Location:	AD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h	
Traffic Flow: Dual Carriage	Way	Traffic Control: Traffic Light - Wo	rking	Traffic Volume: Moderate	
Type of Collis Between Mov	ion: ing Vehicles - Head To R	ear		Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBK6302H	Motorcycle	KTM	RC200	Black		0
SMF8182U	Car	HONDA	Shuttle	Black	Slightly Damaged	0

Details of Vehicle Insurance								
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date				
FBK6302H	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDSMT19406802	23/11/2019	22/11/2020				





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20200311/7024

CONTINUATION OF REPORT

Details of Perso		Account to the		THE REAL PROPERTY.	ECOT OF	THE RESERVE OF
Any Pedestrian I	The state of the s		00111			
No. of Pedestrians Injured: NIL Use of					Cross	sing: NA
Rider		Wallet !			The said	STEEL STATE OF THE STATE OF
Name	MUHAMMAD BAZIL IBRAHIM	BIN MOF	HAMED	ID No	Š	S9618002J
Related Vehicle	FBK6302H (Motorcycle)			Conta	ct No.	98568547
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL		Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL	
Date Treatment	07/03/2020	0.	Date Di	scharge	09/03	3/2020
No. of Days gran	ted Medical Leave	20	The Real Property and the Contract of the Cont	of Injury	Slight	
Driver		The state of	TERMINE!	\$10.70 P/S	10000	
Name	KWANG KOK YONG	3		ID No		S1811778I
Related Vehicle	SMF8182U (Car)		Contact No.		90219811	
Hospital/Clinic	NIL			Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	ME	Date Di	scharge	NIL	
No. of Days grant	ted Medical Leave	NIL	Degree	of Injury	NIL	

Brief Details.

I had just exited from Bugis Junction carpark through the Middle Road exit and was in line to make a discretionary u-turn at the junction (in between InterContinental Singapore and National Library). Before making the turn, I saw that the car in front of me was moving to make the discretionary right turn, so I checked for clearance of oncoming traffic. While checking for clearance, I saw that traffic was clear across all three oncoming lanes especially because I didn't see any oncoming headlights nor vehicles. I then proceeded to make the discretionary u-turn where I completed the turn slightly to left lane-marking of the second (middle) lane. The moment I had my bike upright from completing the turn, I felt the impact of getting hit from behind.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20200311/7024

CONTINUATION OF REPORT

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Sketch	Plan	۱

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: 11/03/2020 15:02
Officer In Charge Of Case: FP / TPIB / MUHAMMAD RIZWAN BIN KAMALUDIN Contact No.: 65476185	Classification Of Case:
MUHAMMAD RIZWAN BIN KAMALUDIN	

ACCIDENT STATEMENT

ACCI	DENT DATE:(06/0	3/2020 J(DD/MM/YYYY), TIME:(22 : 23)(HH:MM)
LOCA	TION: MIDDLE E	LOAD	
1.		- FBC G3024 PANY: MSIG MSO/VMS/19-4068	
	e)MAKE & MODEL: f)TYPE:(SALOON / CO g) VEHICLE CATEGOR h)PURPOSE OF USING i) ARE YOU CLAIMING IF NO, PLEASE STATE	CTM 2C200 OUPE / MPV /VAN / LORRY RY: (PRIVATE / COMMERCI. G AT ACCIDENT TIME: COM OUNDER YOUR OWN INSUITE THIRD PARTY CLAIM / RE	RANCE (YES/NO)
2.	b) NRIC/FIN/PASSPOR	BAZIL BIN MOHAMED 18 81: 596180025	CONTACT: 9856 8547
*Ho of passeng? (Including driver)	* CONTINUE TO 3.d IF DRIVER a) NAME: b) NRIC/FIN/PASSPOR c) ADDRESS:	DRIVER ALSO POLICY HO	(MALE / FEMALE) CONTACT:
5.	e OCCUPATION: (IND f) YEARS OF DRIVING I WAS DRIVER AN EM IF NO, RELATIONSH	PLOYEE OF THE INSURE IP OF THE DRIVER WITH DN: (CLEAR) RAINING / O	D'S COMPANY? (YES / NO)
6. 7. No of passenger	WAS ANYBODY INJUR a)REPORTED TO POLIC IF YES, PLEASE STATE THIRD PARTY VEHICLE a) VEHICLE NUMBER	ED (YES)/ NO) CE(YES)/ NO) WHICH POLICE STATION:	MODEL: HOLDA SHUTTLE
(<u>1</u>) 9. 1	 O) NRIC/FIN/PASSPO HIRD PARTY VEHICLE 		
No of passanger Induding driver)	DRIVER'S NAME:_ NRIC/FIN/PASSPO	RT:	_CONTACT:
wa Wi		mail = BAZZILIBRAHI	Mc Guaic Com
	-	a _× =	

VIDEO =



CA 533501

MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 2004) 22126) 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) Rules, 1959 (Malaysia)

The Motor Vehicles (Third Party Risks and Compensation) Act (CAP, 189 of the Revised Edition) (Republic of Sin 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/19-406802-CA A0074-001/10900

SUM INSURED :

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

1. Index mark and Registration Number of Vehicle

FBK6302H

2. Name of Policyholder

K.T.M. 200 c.c. MUHAMMAD BAZIL BIN MOHAMED IBRAHIM

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

1201AM 23/11/2019

4. Date of Expiry of Insurance

22/11/2020

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.

6. Limitation as to Use

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.
 - 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 Notor Trade.

 4. 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 of Acts passed in substitution thereof."

22/11/2019 (BB)

COMMERCIAL AGENCY FTE. LTD.

-Underwriting Agent
For MSIG Insurance (Singapore) Pte. Ltd.