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Owner / Driver: (Т	cl:)
Policy No: () Perio	od: () Co	ver Type: ()
Confirmed by : (ate;	Time:)
Insured/Driver Liability: (%) [No	te-Est. Status (WO):	N: 0-20%;	P: 21-79%. I	; 8d-100%]	
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SINGAPORE ACCIDENT STATEMENT

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

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.

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 aforesaid.

ACCIDENT STATEMENT

31/12/2020 09:54 (SGT) Date of Submission 30/12/2020 09:20 (SGT) Date of Accident Redhill Rd, Singapore Exact Location of Accident Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

FBN7138T Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? TAN JACKIE Name Of Registered Owner SXXXX503F NRIC No ghostofash89@gmail.com Email Address Mobile Phone No (Phone) +65-91002137 +65-91002137 Alternative Phone No

VEHICLE PARTICULARS

Yamaha Manufacturer MT-03 ABS Model Variant Exact purpose for which vehicle was being used at time of Private use

Are you claiming under your own insurance policy for repair to your vehicle?

No - Claiming third party Vehicle Category Motorcycle

INSURANCE COMPANY

Cover Note Number

MSIG Name of Insurance Company ThirdPartyFireTheft Type of Coverage Fleet Policy MSD/VMS/20-512264-WTT Policy Number

DRIVER

TAN JACKIE Name of Driver SXXXX503F NRIC No 26/12/1989 Date Of Birth Indoor Occupation

Date Of Driving Pass Driving experience 10 YEARS AND 10 MONTHS Gender Male Mobile Number (Phone) +65-91002137 Alt. Phone Number +65-91002137 Email Address ghostofash89@gmail.com Address BLK 58 LENGKOK BAHRU Address complement #09-533 Postcode 150058 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver 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 the accident? No Number of vehicles involved in the accident 2 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name

Clementi Division Headquarters

(Phone) +65-18007740000

Alt. Police Station Phone No

(Fax) +65-67741705

Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

Yes

(Phone) +65-18007740000

(Fax) +65-67741705

20 Clementi Avenue 5 Singapore 129858

No

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:D/20201230/7024

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No
Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

 Vehicle Registration Number
 SJZ8330P

 Vehicle Manufacturer

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Private car

 Name of Driver
 HAN HWEE JUAN

 NRIC No
 SXXXX444I



Contact Number	(Phone) +65-91713823
Address	2
Address complement	
Postcode	~
Insurance Company Name	
Nature Of Damage	2
Details of property damaged in accident	2
No. Of Passenger (Including Driver)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN JACKIE
Address	-
Address Complement	
Post Code	8
Approximate Age Years Old	8
Injuries Sustained	KNEE INJURY
Injured person in which vehicle?	FBN7138T
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- . Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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. 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.
- 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 aforesaid.
- Consent under the Personal Data Protection Act (PDPA)

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' law yers/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")

- b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or nure 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Ja- 30/12/2020

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A - FBN 7138T B B - SJZ8330P

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Personnel

Time

& Time





1 of 2

POLICE REPORT (NP299)

Police Station Of Origin Clementi Division HQ 20 Clementi Avenue 5 SINGAPORE 129858 Tel No:1800-7740000 Report No. D/20201230/7024

Date/Time Report Made	Vide Report No.			Station Diary No	
30/12/2020 16:00	-	-	MIT IS SHOULD BE SHOULD BE	-	
Name Of Informant	Address				
TAN JACKIE	58 LENGKOK BAHRU #09-533 SINGAPORE 150058				
ID Type / ID No. NRIC NO / S8946503F	Contact Home/O		Mobile: 91002137		
Nationality SINGAPORE CITIZEN	Email Address GHOSTOFASH@HOTMAIL.COM				
Occupation	Sex	Age	Date of Birth	Race	
Shop sales assistant	Male	31	26/12/1989	Chinese	
Institution/School Name	Language English				
Date/Time Of Incident 30/12/2020 09:20 - 30/12/2020 09:30	Location Of Incident 58 LENGKOK BAHRU #09-533 SINGAPORE 150058				
Brief details.					

i was travelling onto this Redhill road t-Junction, wanted to turn right, I stopped at the stop line to check for traffic clear before i move on to turn right, as i stopped someone from the back hit me at my rear left of my bike. As I tired to hold my bike weight all lead to Right side and causes my knee to injuried due to my leg holding the weight of the bike which in result i got 3 day MC from Dr Steven Ang Aesthetic & family clinic.

Subjects Involved Victim		
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: 30/12/2020 16:00	
Officer In-Charge Of Case:	Classification Of Case:	
Authentication Stamp		





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20201230/7024

Person Name	TAN JACKIE		
ID Type	NRIC NO	ID No	S8946503F
Gender	Male	Age	31
Race	Chinese	Language	English
Occupation	Shop sales assistant	Address	58 LENGKOK BAHRU #09-533 SINGAPORE 150058
Mobile No	91002137	Is Informant A Victim?	Yes
Person Name	TAN JACKIE (Informant)	Tylount:	

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: 30/12/2020 16:00
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

ACCIDENT STATEMENT

	ACC	IDENT DATE:(3	0.1.12,20	20)(DD/MM/	YYYY), TIME:(0°	. 20	MM:HH)(_
		ATION: RedHall		: .			
	1	. DETAILS OF V	FHICLE				i.
		alvehicle v	NUMBER: FR	N 7138T			
			E COMPANY:				
	39			Vms/20-512	264 - WIT		
		[PARTY / THIRD	PARTY FI	RE &THEFT
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30				CCIDENT TIME:			
	60				NSURANCE (YES	(ON)	- 12
					/ REPORTING C		196
	2.	INSURED / PO		7.			2
		A)NAME:		<u> </u>		MALE / FI	
			ASSPORT:S			T: 9100	2137
		c) ADDRESS:	58 Lengkok	Bahr #09-	533 56150058)	
* *						·	<u>·</u>
14.110 00			O 3.d IF DRIVE	R ALSO POLICY	HOLDER		
Ano of ba	ssanger	DRIVER G) NAME:	Sane 45	above		IAIE /E	ENAME
Clinduding	driver)	b)NRIC/FIN/P/			CONTAC		MALL
(1)		c)ADDRESS:_	1337 OKI				
		Mildeling States and					
	10	*d)DATE OF BI	RTH: (26 / 1	2/1989 10	D/MM/YYYY)	•	
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	8.	THIRD PARTY VE		TOBOLSTAIL	C. C. M. P. A. L.	71212	
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Cludling o	driver)	b) DRIVER'S N	IAME Han	Hwee Juan			
()		c) NRIC/FIN/P		3484441	CONTAC	1: 9171	3823
	9. 1	HIRD PARTY VE		•			
the of pas	sanger	d) VEHICLE NU			MODEL:		
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MSIG Insurance (Singapore) Pte. Ltd. (co. Reg. No. 2004122126) 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. 188 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/20-512264-WTT A0633-001/W0851

SUM INSURED :

EXCESS

\$500(FIRE&THEFT) \$1000(ENDT 2K)

S8946503F

Index mark and Registration Number of Vehicle FBN7138T

321 c.c.

2. Name of Policyholder TAN JACKIE

3. Effective date of the Commencement of Insurance

0001AM 29/11/2020

for the purposes of the Act 4. Date of Expiry of Insurance

28/11/2021

- 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 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.
- Use for racing, pace-making, reliability trial or speed-testing.
- 3. 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 passes in substitution thereof."

WTT INSURANCE AT ENCIES PTE LTD