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18/12/20 16:00	I-Motor W/O (Within: OD Thrs,	Tr 4hrs)			
OD. TP / Reporting Only	i-Photo Uplone	led		3)	•	
	Assessment/Sur	vey Report			- N.	
TP Insurer:	Ass't Report by	Fax / Hand to	Owner/Wksn			
Professed Wksp / INC Assign Wksp / QW: (- U-u- x measurabuse		Tol:	Fax	:)
	KT 6267 Y	. INC()/Non-INC	(<).	20 0	715-08-0/2-0
Owner / Driver: (K1 6767-1		Tcl:	*.)	*
	riod: ()	Cover Type:)	
Confirmed by : (Date:	Tim)	
Insured/Driver Liability: (%)	Note-Est. Status (W	O): N: 0-209	%; P: 21-799	\$. P: 80-10	0%]	
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Apply for Transport Allowance ()/C QC Check / Post Repair Inspection	.(·)		-	*		
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Driver/Owner:	SVACAS ELIZABET TO LEASE	3) TP : Towing Pe- 4) FT : Follow-Th	•	\$40/3 \$	120	
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QC Checked by (Engr-In-Charge):		*NS: Courlesy	Car / Tpt Allowans	14	\$3 510	
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SN092114000F / National Assessment Centre Services [408933] ENTRY DATE & TIME: 04/01/2021 14:25 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (04/01/2021 14:25 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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.
- 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 aforesaid.

ACCIDENT STATEMENT

04/01/2021 14:25 (SGT) Date of Submission 18/12/2020 16:00 (SGT) Date of Accident Exact Location of Accident Bishan Street 11, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBL2544Y

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner TAN SU HAU NRIC No SXXXX145J Email Address jameswee.sh@gmail.com Mobile Phone No (Phone) +65-91183314 Alternative Phone No +65-91183314

VEHICLE PARTICULARS

Honda Manufacturer Cbf190wh 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 No - Reporting only your vehicle? Vehicle Category Motorcycle

INSURANCE COMPANY

MSIG Name of Insurance Company Type of Coverage ThirdPartyFireTheft Fleet Policy Policy Number MSD/VMS/20-415469-CA Cover Note Number

DRIVER

TAN SU HAU Name of Driver SXXXX145J NRIC No 19/05/1992 Date Of Birth

Driving experience 2 Gender Mobile Number (Alt. Phone Number	05/04/2018 2 YEARS AND 8 MONTHS Male
Gender Mobile Number (Alt. Phone Number	Male
Mobile Number (Alt. Phone Number	
Alt. Phone Number	
	(Phone) +65-91183314
Email Address	+65-91183314
A STATE OF THE PROPERTY OF THE	jameswee.sh@gmail.com
	BLK 144 BISHAN ST 12 #08-538
Address complement	arman nemera menangan permanan ang menangan menan Menangan menangan menanga
	570144
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Vehicle Registration Number of Other Vehicle Owned by Driver	44.5
· ·	•
Insurance Company of Other Vehicle Owned by Driver	•
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Side Swipe
- CANADA A CANADA A CANADA A CANADA C	Clear
	Wet
OTHER INFORMATION	
- BENTES - CONTROL -	No
Number of vehicles involved in the accident	2
	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material or property damaged?	Yes
- BENTHER BY 가득하다. 1985 : 1987 (1987) 전쟁을 전쟁을 하지 않아 있는데 1987 (1987) 전쟁을 가득하는데	1
Has the driver been approached by unknown person(s)	
	No
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	Yes
- PANY TRANSPORTED BY 100 10.50 PROPERTY 10.50 PROP	
1 Ollow Citation (100)	Traffic Police
] THE SECTION OF THE PROPERTY	(Phone) +65-65470000
	(Fax) +65-65474900
	10 Ubi Avenue 3 Singapore 408865
ALTERNATION OF THE PROPERTY OF	No
If yes, against whom?	200
CIRCUMSTANCES OF ACCIDENT	
REFER TO POLICE REPORT T/20201230/2075	
ATTACHMENT(S)	
	Yes
	No
Was there any audio recorded?	No
DETAILS OF OTHER V	EHICLE PROPERTY 1
White place and the company of the c	
	SKT6267Y
Vehicle Manufacturer	
Vehicle Model	<u>5</u> 8
Vehicle Variant	
Vehicle Colour	•
- 사용하게 사용하게 보고 원래의 하는 것도 집으로 보고 보고 있다. 이 경기를 하고 있는 것이다. 그 보고 있다고 있다고 있다고 있다고 있다고 있다고 있다고 있다고 있다고 있다	Private car
	wywatanewanyddad
Name of Driver	

Address	
Address complement	
Postcode	
Insurance Company Name	·······
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN SU HAU
Address	7.0
Address Complement	7.
Post Code	-
Approximate Age Years Old	2
Injuries Sustained	BODY
Injured person in which vehicle?	FBL2544Y
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Formmust 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>.
- 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. 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date Time Witnessed by Reporting Centre Personnel

Sketch Plan

Unable

To

Provide

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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

M

Witnessed by Reporting Centre Personnel





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20201230/2075

REPORT OF A TRAFFIC ACCIDENT

	ne Report N)20 15:11	/lade:	Vide Report No.: E/20201218/0131	Station Diary No.:	
Informa	nt's Partic	ulars		医多次性 医多种性 医多种性 医多种性 医皮肤	
Name of	Informant:		Address:	EET 12 #08-538 BISHAN GREEN	
TAN 50	HAU		SINGAPORE 570144	LET 12 #00-300 BISTIAN GREEN	
	/ ID No.: O / S92171	45.1	Contact No.: Home/Office:	Mobile: 91183314	
National	8,0001100000000000000000000000000000000		Email:		
Sex: Male	Age: 28	Date of Birth: 19/05/1992	Type of Informant:		
Race:			Language:	Institution / School Name:	
Occupat			Driving Licence Information: Class: 2B,3	Date of Expiry:	

Type of Accident:	Injury Conveyed By Ambular	Drink nce Drive: No	Date/Time of Accident: 18/12/2020 16:00	Type of Location:
Location: BISHAN STR Weather:		Road Surface:	Ro	ad Speed Limit:
Clear		Wet		en 111
Traffic Flow: Traffic		Traffic Control:	Tra	affic Volume:

Details of V	ehicle Involve	d				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBL2544Y	Motorcycle	HONDA	CBF190WH	Orange		0
SKT6267Y	Car					0

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
FBL2544Y	MSIG INSURANCE (SINGAPORE)	72259480	29/07/2020	28/07/2021		



T/20201230/2075

1

2 of

Report No. T/20201230/20

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

CONTINUATION OF REPORT

Details of Person	on Involved	\$ 16.72 \$ 1 V.C.	of the later to	CAC 8 57.4	A 17 (2) 23	
Any Pedestrian I	nvolved: No		THE RESERVE TO STATE OF THE PARTY.	374 5 12/5	No. of Concession, Name of Street, or other party of the Concession, Name of Street, or other pa	THE RESIDENCE OF THE PERSON OF
No. of Pedestria			Use of Pe	doetria	Cross	ring: NA
Rider			030 011 0	destria	Closs	sing. NA
Name	TAN SU HAU	THE R. P. LEWIS CO., LANSING, MICH.		ID No).	S9217145J
Related Vehicle	NIL		Contact No.		91183314	
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class Drivin Licene Expire	g	Class: 2B,3 Date of Expiry: NIL	
Date Treatment	NIL		Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

Brief Details.

ON THE ABOVE MENTIONED DATE AND TIME,

I WAS HEADING OUT TO GEYLANG FROM MY HOUSE TO PURCHASE FOOD, AND I AM UNABLE TO RECALL HOW I WAS INVOLVED IN AN ACCIDENT AND HOW I FELL

THAT IS ALL





3 of 3

Report No. T/20201230/2075

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

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: TP /	Signature Of Informant:
LEE CHEN EN	I mg
Signature Of Interpreter: Not applicable	Date/Time: 30/12/2020 15:11
Officer In Charge Of Case: TP / GIT / SI THABAGESH JEYATHESH Contact No.: 65476178	Classification Of Case:

SINGAPORE POLICE FORCE

Authentication Stamp NID160



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

MOTORCYCLE INSURANCE SCHEDULE

DATE OF ISSUE: 28/07/2020

AGENCY: A0074-001-10238

COMMERCIAL AGENCY PTE LTD

POLICY NO: MSD/VMS/20-415469-CA

INSURED:

NAME: TAN SU HAU ADDRESS: 144 BISHAN ST 12

> #08-538 SE 570144

S9217145J NRIC NO:

DATE OF BIRTH: 19/05/1992 (28 yrs) 05/04/2018 (2 yrs) DRIVING EXP:

91183314 CONTACT NO:

BUSINESS OR PROFESSION: STUDENT

PERIOD OF INSURANCE FROM: 29/07/2020 28/07/2021 TO

12:01AM

REGISTRATION NUMBER: FBL2544Y

CUBIC CAPACITY: 184

MAKE OF VEHICLE: HONDA YEAR OF REGISTRATION: 2016

INSURED ESTIMATE OF VALUE: PMV

PREVAILING MARKET VALUE

SEATING CAPACITY: 2

AUTHORISED DRIVERS:

THE INSURED ONLY.

ENDORSEMENTS APPLICABLE: 2C 2K 3Q 15 M23 97 - INSURED

PREMIUM:

229.50

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

GST @ 796

16.07

TOTAL:

245.57

NO CLAIM BONUS OF 15% IS ALLOWED

NAME OF EMPLOYER AND/OR

HIRE PURCHASE OWNER: SOON HIN MOTORS PTE LTD

REPLACING POLICY NO: MSD/VMS/19-402059-CA

Sanction Limitation and Exclusion Clause

No Insurer shall be deemed to provide cover and no Insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that Insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or United Kingdom or United States of America.

MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurers

ACCIDENT STATEMENT

	LOCATION:	Bishon	S+ 11		
9	LOCAHON			1	
		OF VEHICLE		. 12	180
		CLE NUMBER:			
	b)INSUR	ANCE COMPANY	: Msi	6	
	c)POLIC	Y NUMBER:			
	d)POLIC	Y TYPE: (COMPRE	HENSIVE / THIR	D PARTY / THIRD	PARTY FIRE &THEFT)
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		ALOON / COUPE			
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		U ČLAIMING UND			
		PLEASE STATE (THIS			
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	c)ADDRE	ESS:			
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		SURFACE: (DRY /) BODY INJURED (Y			
		TED TO POLICE (Y			
		LEASE STATE WHIC		TION. +raf	fie Police
		RTY VEHICLE	SITT OLICE STA		
No of passoni	acr a) VEHI		SKT 6267	Y. MODEL:	W 54
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