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SL0Y23190001 / LKK Auto Consultants Pte Ltd [159721] ENTRY DATE & TIME: 09/01/2023 15:34 (SGT) SUBMITTED BY: LKK Auto BM VERSION: 1 (09/01/2023 15:34 (SGT))



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 Actual 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

- 5. Intomation provided must be as additional decorate as possible and provided must be as additional decorate as possible and provided must be as additional decorate as possible and provided must be as additional decorate as possible and provided must be as additional decorate as possible and provided must be as additional decorate as possible and provided must be as additional decorate as possible and provided must be as additional decorate as possible and provided must be as additional decorate as
- 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

Date of Submission 09/01/2023 15:34 (SGT) Reported by Date of Accident 07/01/2023 22:42 (SGT) **Exact Location of Accident** 126D Edgedale Plains, Singapore 824126 Additional Location Information ACCESS ROAD NEAR RUBBISH CHUTE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

745

Vehicle Registration Number FBJ7779P

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner MUHAMAD FAIZAL BIN RAZALI NRIC No SXXXX349F **Email Address** fazalrazali@gmail.com Mobile Phone No (Phone) +65-87427300 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Honda Model NM4-01 Variant

Exact purpose for which vehicle was being used at time of accident Private use

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

No - Claiming third party Vehicle Category Motorcycle Transmission Auto

CC

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number A 300517834 VMP

DRIVER

Name of Driver MUHAMAD FAIZAL BIN RAZALI NRIC No SXXXX349F Date Of Birth 20/05/1966 Occupation Indoor

Date Of Driving Pass 02/10/2007 Driving experience 15 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-87427300 Alt. Phone Number Email Address fazalrazali@gmail.com Address BLK 487A CHOA CHU KANG AVENUE 5 #09-79 Address complement Postcode 681487 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 Hit and run / Vandalism / Damaged whilst parked 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? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 1 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SKX6289M Vehicle Manufacturer **BMW** Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car

(Phone) +65-93234119

Name of Driver Contact Number

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

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Actual Driver.
- 3. Information provided must be as <u>truthful</u> and <u>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 Traffic Police Department for investigation.
- 6. This report will be forwarded by the insurers to 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 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)

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:
- (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' 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.

Policyholder's Signature / Date & Time

4/1/2023

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan

BK 136D EDGRUPUTE PLATUS ACCESS ROAD.

A PRO TM90

A PRO TM90

vJun2022

RUBBER CHUIN

Describe Circumstance of the Accident
ON 7th Jan 2023 at about 2240 pm, I stoped my bike (FB) 7779P)
on the side of the & acess road of block 1260 edgedale plains
to pass snacks to my sister. (Loading bay fully occupied)
The series of th
At 2242 phrs while waiting for the lift I heard crashing sound
and when I got down \$50 5200 the driver of pessenger of the
Bonn lifting my bike of only realised bike was hit.
The was nit.
Both Onver & me agreed to do insurance Claims.

Declaration

I/We declare the foregoing particulars are true in every respect.

9/1/2023

Policyholder's Signature / Date & Time

Actual Driver's Signature (if driver is not the policyholder)

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

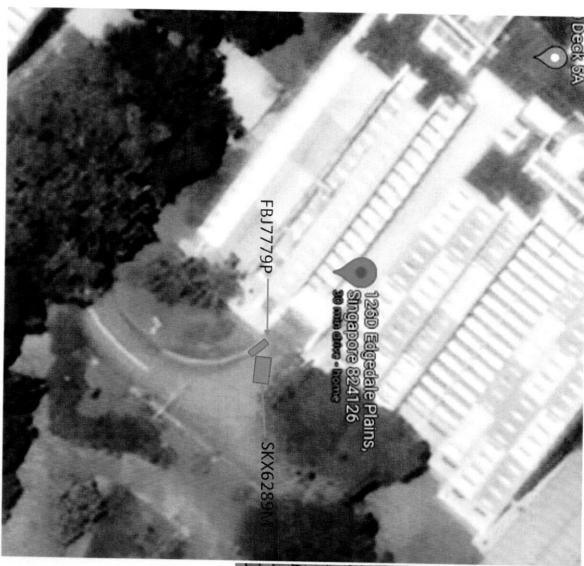
ACCIDENT STATEMENT

ACCIDENT DATE: 07 / 01 / 2023 (DD/MM/YYYY), TIME: (22 : 42) (HH:MM) LOCATION: 126D Edgedale Plains (5824126) ALESS ROAD 1. DETAILS OF VEHICLE GIVEHICLE NUMBER: FBJ 7779P DINSURANCE COMPANY: MSIG INSURANCE SINGAPORE CIPOLICY NUMBER: A 300517834 VMP DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY THIRD PARTY FIRE &THEFT) DIMAKE & MODEL: HONDA NMY RUTO / MOMUNE ()TYPE: (SALOGN / COUPE / MPV /V AN / LORRY / MOTORCYCLE /-OTHERS) g) VEHICLE CATEGORY; (PRIVATE / COMMERCIAT / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE IJARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES (NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM) PEPORTING ONLY 2. INSURED / POLICY HOLDER AJNAME: MUHAMAD FAIZAL BIN RAZAL | MALE FEMALE DINRIC/FIN/PASSPORT: S8614349F CONTACT: 87427300 CIADDRESS: 487 A CHOA CHU KANG AVES # 09-79 * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER The of passing & DRIVER *dIDATE OF BIRTH: (20 / 05 / 1986)(DD/MM/YYYY) e)OCCUPATION: (NDOOR) OUIDOOR) TYEARS OF DRIVING EXPRERIENCE: 16 YEARS 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. GIWEATHER CONDITION: CLEAR / RAINING / OTHERS

DIROAD SURFACE: DRY) WET / OTHERS 6. WAS ANYBODY INJURED (YES (NO) 7. a) REPORTED TO POLICE (YES (NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE o. ININO PARTI VEHICLE NUMBER: SKX6289M MODEL BMW C) NRIC/FIN/PASSPORT: _____CONTACT: 93234119 The representation of VEHICLE NUMBER: MODEL: e) DRIVER'S NAME: DRIVERS INAVIE.

| CONTACT: | CON Chail = fazalrazali@gmail.com lax =

V1080 =



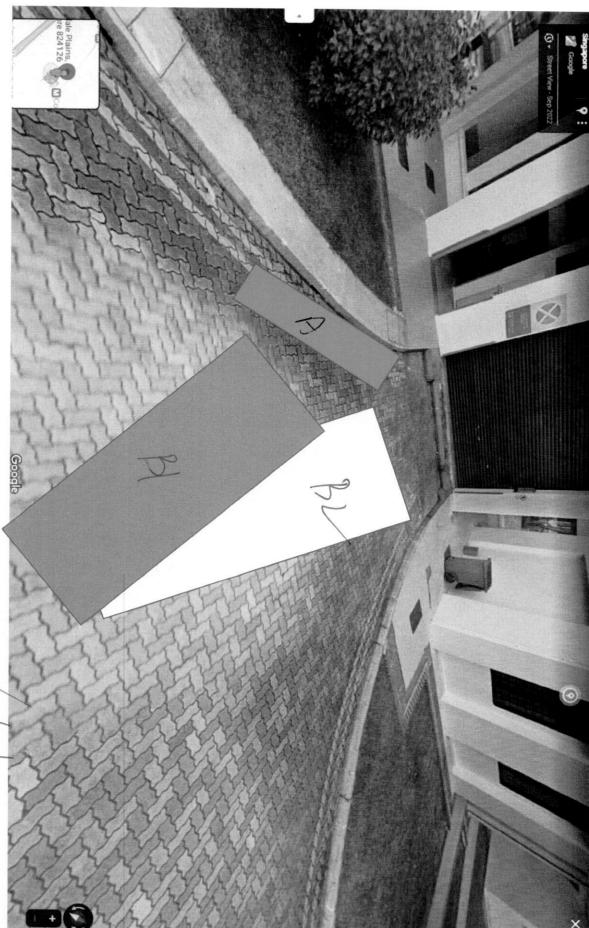


for 1896 mil

Prive of White Car Taking picture AFTER picking up my bike back



En 12/10/100 mg



m of of 2013



MSIG Insurance (Singapore) Pte. Ltd. A Shenton Way, #21-01, SGX Centre 2, Singapore 068807 Tel +65 6827 7888, Fax +65 6827 7800 Co.Reg No. 200412212G GST Reg. No. 20-0412212G A Member of MS&AD INSURANCE GROUP

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 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.

MOTORCYCLE Third Party Fire And Theft

Certificate No.

A 300517834 VMP

Excess: SGD750

Windscreen Excess: NIL

Index Mark and Registration Number of Vehicle 1. FBJ7779P

2. Name of Policyholder MUHAMAD FAIZAL BIN RAZALI

- Effective Date of the Commencement of Insurance for the purposes of the Act 3. 02/01/2023
- 4. Date of Expiry of Insurance 01/01/2024
- Persons or Classes of Persons entitled to drive*

MUHAMAD FAIZAL BIN RAZALI, MUHAMAD FAZLI BIN RAZALI

*Provided that the person driving is permitted in accordance with the licensing or other laws or 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

6. Limitations as to Use *

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

- (1) 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 Risk and Compensation) Act (Chapter 189) and Chapter 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offense under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189).

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.

MSIG Insurance (Singapore) Pte. Ltd.

Mack Eng Chief Executive Officer