

Date In: 29/11/17 11:44	Job description	Date & Time Completed	Done by
Ref No: MA/MSG 17-22603/64	SAS e-filing		
Veh No: FB3 4180 K	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 21/11/17 21:50	i-Motor Claim Form		
OD: <input checked="" type="radio"/> TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

6Y 9416 K

INC ( ) / Non-INC ( )

Owner / Driver: (

Tel:

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

Date:

Time:

Insured/Driver Liability: ( ) % [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )

## General Remarks:-

( ) Walk-In Customer: Customer's information strictly Confidential &amp; Strictly NO refer of repairer.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co. ( )

Remarks:-	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time Actions

Claimant's Particulars :-		Invoice Preparation Checklist		Ant (\$)	Ant (\$)
Driver/Owner:				1st Bill	Add Bill
Contact No:				32.20	
Damaged Portion:					
QC Checked by (Engr-In-Charge):					
Auditors' Comments :-					
Zat 1:		1) AR: Accident Reporting (\$30);			
Zat 2/3:		2) DA: Damage Assessment (\$100); INC (\$80)			
		3) TF: Towing Fee \$40/\$45			
		4) FT: Follow-Through Survey \$120			
		5) FT: Follow-Through Survey (Resurvey) \$30			
		For claiming against INC Only (wef 10 Jan 2005)			
		6) TR: Re-inspection \$75			
		7) N1: Idac DA - SMRI Survey \$160			
		8) NTUC Additional Services:-			
		OB:			
		*N5: Courtesy Car / Tpt Allowance \$5			
		*N6: Repair Co-ordination \$10			
		*N7: Post Repair Inspection \$25			
		*N8: DV / Collect Excess Coordination \$5			
		TP (N11): TP (N-a INC) against INC \$20			
		9) N12: Idac Mobile \$0			
		Invoice dated		Fee Charged	
		Invoice dated		Fee Charged	



## 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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
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 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

Date Of Report	28/11/2017 11:44
Date Of Accident	21/11/2017 21:50
Exact Location Of Accident	SENGKANG EAST RD / PUNGGOL WEST FLYOVER
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ4180K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SULAIMAN BIN HARON
NRIC No	S8301578J
Email Address	LEMAN2513@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97961808
Alternative Phone No	OFFICE-97961808

### Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ 16
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
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/17-364132-CA
Cover Note Number	-

### Driver

Name of Driver	SULAIMAN BIN HARON
NRIC No	S8301578J
Date Of Birth	08/01/1983
Occupation	INDOOR
Date Of Driving Pass	23/04/2014
Driving Experience	3 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97961808
Fax Number	
Contact Number	OFFICE-97961808
Email Address	LEMAN2513@YAHOO.COM.SG

Address	BLK 329B ANCHORVALE ST #03-589
Postcode	542329
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
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)	1

#### 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

PLEASE REFER TO POLICE REPORT.

#### 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	GY9416K
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	R.VIJAYAKUMAR
NRIC/Passport Number	
Contact Number	83931396
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	

Email Address

**DETAILS OF INJURED PERSON 1**

Name	SULAIMAN BIN HARON
Approximate Age	
Injuries Sustain	ABRASION AND FRACTURE ON LEFT LEG AND OTHER PARTS OF BODY
Injured person in which vehicle?	FBJ4180K
Were seat belts worn?	
Was 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.
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 withholding 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. 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 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:
  - (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.
- (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:  
NRIC/FIN No.:

SKETCH PLAN

Punggol west Flyover

A = FBJ 4180K  
B = GY 9416K

↑ → → TPE Exit Punggol West Flyover / Sengkang East

$$B = 5,79416 \text{ K}$$

↑ ↗ ↘ TPE Exit Punggol West Flyover / Sengkang East Rd

Please Refer to Police Report

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

*Crim*

Driver's Signature

*[Signature]*



## ACCIDENT STATEMENT

ACCIDENT DATE: ( 21 / 11 / 17 ) (DD/MM/YYYY), TIME: ( 21 : 50 ) (HH:MM)

LOCATION: Sengkang East Rd / Punggol West Flyover.

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBJ 4180K  
b) INSURANCE COMPANY: MSIG  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Private Use  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- A) NAME: Sulaiman Bin Haron (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 9796 1808  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: As Above (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner.

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Traffic Police.

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GY 9416 K MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: R. Vijayakumar.  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 839 31396

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
(including driver)  
( 1 )

\* No of passenger  
(including driver)  
(    )

\* No of passenger  
(including driver)  
(    )

Writing photo.

Email = leman2513@yahoo.com.sg

fax = Asphon



# SINGAPORE POLICE FORCE



T/20171122/7006

1 of 3

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

Report No. T/20171122/7006

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/11/2017 17:46		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: SULAIMAN BIN HARON			Address: APT BLK 329B ANCHORVALE STREET #03-589 SINGAPORE 542329		
ID Type / ID No.: NRIC NO / S8301578J			Contact No.: Home/Office: Mobile: 97961808		
Nationality: SINGAPORE CITIZEN			Email: leman2513@yahoo.com.sg		
Sex: Male	Age: 34	Date of Birth: 08/01/1983	Type of Informant: Rider		
Race: Boyanesse			Language: English		Institution / School Name:
Occupation: SENIOR SERVICE ENGINEER			Driving Licence Information: Class: 2B,3		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 21/11/2017 21:50	Type of Location: Traffic light junction
Location:  NIL  Sengkang East Road/Punggol West Flyover				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ4180K	Motorcycle	YAMAHA	FZ 16	Blue		0
GY9416K	Van					0

## Details of Person Involved

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





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

Report No. T/20171122/7006

**CONTINUATION OF REPORT**

<b>Rider</b>			
Name	SULAIMAN BIN HARON	ID No.	S8301578J
Related Vehicle	FBJ4180K (Motorcycle)	Contact No.	97961808
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	21/11/2017	Date Discharge	22/11/2017
No. of Days granted Medical Leave	10	Degree of Injury	Serious
<b>Driver</b>			
Name	R.VIJAYAKUMAR	ID No.	NIL
Related Vehicle	GY9416K (Van)	Contact No.	83931396
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 21/11/2017 at about 2150hrs, I was riding my motorbike of plate numbers FBJ4180K moving to the traffic flow turning right going towards Sengkang East Road/Punggol West Flyover. Out of sudden, the vehicle plate number GY9416K hit the rear side of my motorbike and I then collided when I was turning right after the hit.

My motorbike fell on top of my left leg and I was injured during the incident happened. Ambulance came to the incident location and I was conveyed to Changi General Hospital for further treatment. I was given 10 days Hospitalisation leave by the doctor due to abrasion and fracture on my left leg and other parts of my body.



**SINGAPORE  
POLICE FORCE**



T/20171122/7006

3 of 3

Report No. T/20171122/7006

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

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
WONG SIEU LUI  
Contact No.: 65476423

Authentication Stamp  
NP168


Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
22/11/2017 17:46

Classification Of Case:



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8301578J



Name  
SULAIMAN BIN HARON

سليمان بن هارون  
Race  
BOYANESE

Date of birth 08-01-1983 Sex M  
Country of birth SINGAPORE

S8301578J

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8301578J  
Name  
SULAIMAN BIN HARON

Birth Date 08 Jan 1983  
Issue Date 06 Feb 2007



0014770528

4928814



NRIC No. S8301578J



Date of issue  
16-01-2013

APT BLK 329B ANCHORVALE STREET #03-589  
SINGAPORE 542329

NRIC No: S8301578J Date: 20/01/2015

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES


	PASS DATE
Class 2B Motorcycles <= 200 CC	13 Apr 2014
Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	06 Feb 2007

S / No. 9000190541

S8301578J

NP 428A

Licence No: S8301578J



**MSIG**

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  
www.msig.com.sg

**MOTORCYCLE INSURANCE SCHEDULE**

F ISSUE: 18/05/2017

AGENCY: A0074-001-10223  
COMMERCIAL AGENCY PTE LTD

POLICY NO: MSD/VMS/17-364132-CA

**INSURED:**NAME: SULAIMAN BIN HARON  
ADDRESS: BLK 922 TAMPINES ST.91  
#09-207  
SE 520922NRIC NO: S8301578J  
DATE OF BIRTH: 08/01/1983 (34 yrs)  
DRIVING EXP: 23/04/2014 (3 yrs)  
CONTACT NO: 97961808

BUSINESS OR PROFESSION: MARINE SHIPYARD

PERIOD OF INSURANCE FROM: 14/05/2017 12:01AM TO 13/05/2018

REGISTRATION NUMBER: FBJ4180K

CUBIC CAPACITY: 153

MAKE OF VEHICLE: YAMAHA

YEAR OF REGISTRATION: 2014

INSURED ESTIMATE OF VALUE: PMV  
PREVAILING MARKET VALUE

SEATING CAPACITY: 2

**AUTHORISED DRIVERS:**THE INSURED  
IZZAT BIN HARON ONLY

NRIC: S8804234D DOB: 10/02/1988 EXP: 17/04/2008 OCCP: TECHNICIAN

ENDORSEMENTS APPLICABLE: 2C 2K 3Q 15 M23 94 97 - INSURED

EXCESS: S300(FIRE&amp;THEFT) S600(ENDT 2K)

PREMIUM: 216.60

GST @ 7% 15.16

TOTAL: 231.76

NAME OF EMPLOYER AND/OR  
HIRE PURCHASE OWNER: A S PHOON PTE LTDNO CLAIM BONUS OF 20% IS ALLOWED  
GOOD DRIVER DISCOUNT OF 5% IS ALLOWED

REPLACING POLICY NO: MSD/VMS/16-343343-CA

MSIG Insurance (Singapore) Pte. Ltd.

**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.



Approved Insurers