

NATIONAL Assessment Centre Services (ver 1.1/2000)

Date In: 13/12/2017 13:27	Job description	Date & Time Completed	Done by
Ref No: NBA/MSG17023663/K4	SAS e-tiling		
Veh No: FBK1916U	E-mail (within 3hrs, A/C 3hrs)		
D.O.A: 12/12/2017 15:40	1-Motor Claim Form		
OD: TP Reporting Only	1-Motor T/O (within 60 mins, 24 hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax/ Hnd to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (Tel: (Fax: (
TP Particulars: Vch No: SKX 5517.L, 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%; P: 80-100%)	
Year of Registration: (Warranty: YES () / NO ()	
Excess: (\$	Loading: \$1,000 () / \$2,000 ()	

General Remarks:
() Walk-In Customer: Customers Information strictly Confidential & Strictly NO refer of repeler.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: INC Hotline: 6788 0016	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo (Repair Cost > \$3000) ()		

Injury: _____

Date/Time	Actions

NA1707738	Invoice Preparation Checklist	Amount (\$)	Remarks
Human's Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$20		
	Forfeiture against INC Only (ver 10 Jan 2000)		
	6) TR: Resuspension \$75		
	7) NI: 1 day DA + SMRT Survey \$160		
	8) NTUC Additional Services		
	Q11:		
C. Checked by (Ungr-In-Charge):	NI: Courtesy Car / Tpi Allowance \$5		
	NI: Repair Coordination \$10		
	NI: Post Repair Inspection \$15		
	NI: DV / Collect Excess Coordination \$5		
	TP (NI) / TP (Non INC) against INC \$20		
	9) NI: 1 day Mobile \$10		
	Invoice dated	Paid Charged	
	Invoice Paid	Un Paid	

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	13/12/2017 13:27
Date Of Accident	12/12/2017 15:40
Exact Location Of Accident	BLK 865A JURONG WEST ST 81 MULTI STOREY CARPARK.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK1916U
Insured/Policyholder	
Name Of Registered Owner	ABDUL AZIZ BIN MOHAMAD
NRIC No	S1623229G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91452893
Alternative Phone No	OTHERS-91452893

Vehicle Particulars

Manufacturer	SUZUKI
Model	UH200AL5 BURGMAN 200 ABS
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/17-982480-WTT
Cover Note Number	

Driver

Name of Driver	ABDUL AZIZ BIN MOHAMAD
NRIC No	S1623229G
Date Of Birth	24/12/1963
Occupation	INDOOR
Date Of Driving Pass	12/01/1984
Driving Experience	33 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91452893
Fax Number	
Contact Number	OTHERS-91452893
Email Address	NOEMAIL

Address	BLK 865 JURONG WEST ST 81 #04-563
Postcode	640865
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	NANYANG N.P.C
Police Station Address	ROAD: 2 JURONG WEST AVE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20171212/2162

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	SKX5517L
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	MDM PANG HIAN
NRIC/Passport Number	S0822152I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
------	--

Phone Number
Email Address

SKETCH PLAN

IMPORTANT NOTICE

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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:

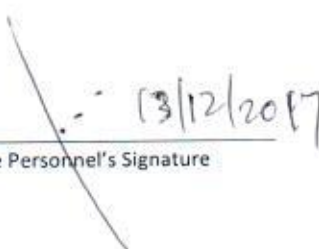
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

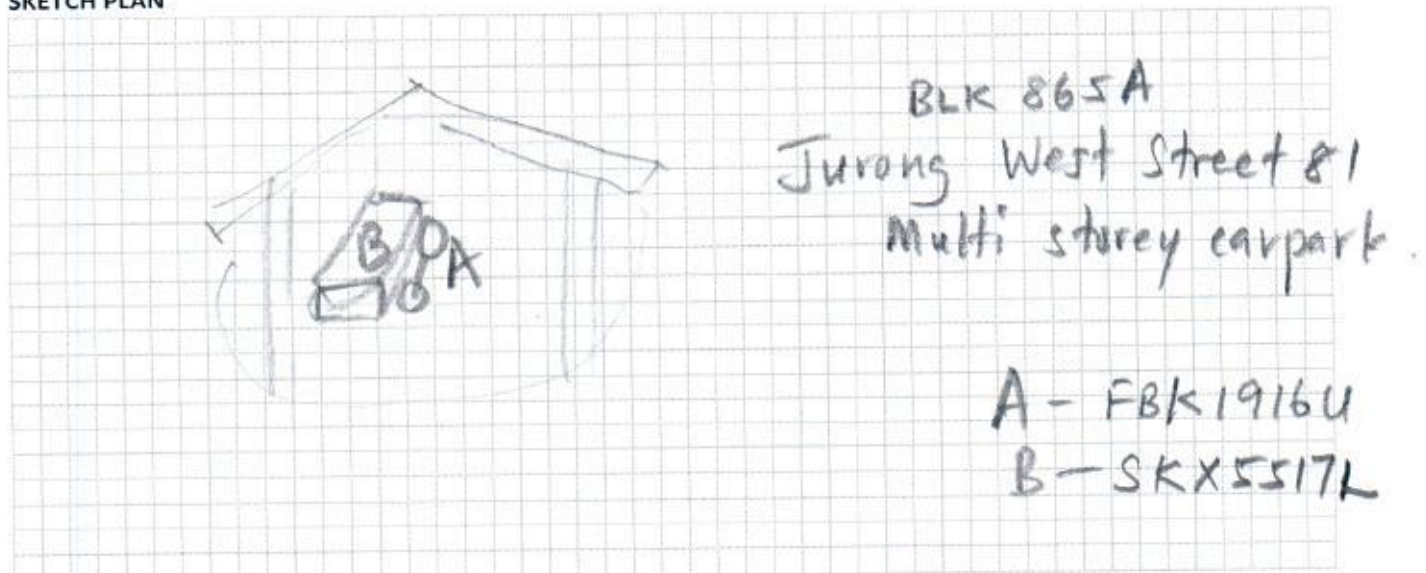


Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to the Police Report
T/2017/212/2162

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time:

[Signature]
Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Signature] 13/12/2017
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20171212/2162

1 of 3

Report No. T/20171212/2162

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
12/12/2017 19:27

Vide Report No.:
J/20171212/0133

Station Diary No.:
102

Informant's Particulars

Name of Informant:
ABDUL AZIZ BIN MOHAMAD

Address:
APT BLK 865 JURONG WEST STREET 81 #04-563
SINGAPORE 640865

ID Type / ID No.:
NRIC NO / S1623229G

Contact No.:
Home/Office: Mobile: 91452893

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Age: Date of Birth:
Male 53 24/12/1963

Type of Informant:
Rider

Race:
Malay

Language:
English

Institution / School Name:

Occupation:
CONTAINER EQUIPMENT
SPECIALIST

Driving Licence Information:
Class:

Date of Expiry:

General Information of the Accident

Type of
Accident:

Non-Injury
Conveyed By Ambulance

Drink
Drive:
No

Date/Time of
Accident:
12/12/2017 15:40

Type of Location:
MSCP

Location:
Along Road 1
JURONG WEST STREET 81

Blk 865A Jurong West St 81, Multi storey carpark.

Weather:
Clear

Road Surface:
Dry

Road Speed Limit:

Traffic Flow:

Traffic Control:
Not Controlled

Traffic Volume:
Light

Type of Collision:
Moving Vehicle Against - Parked Vehicle

Anyone conveyed by
ambulance:
No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK1916U	Motorcycle	SUZUKI	UH200AL5 BURGMAN 200 ABS	Gold	Seriously Damaged	0
SKX5517L	Car				Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20171212/2162

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

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Report No. T/20171212/2162

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK1916U	MSIG INSURANCE (SINGAPORE) PTE. LTD.	60741930	07/05/2017	06/05/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ABDUL AZIZ BIN MOHAMAD		ID No. S1623229G
Related Vehicle	FBK1916U (Motorcycle)		Contact No. 91452893
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 12/12/2017 at about 0900hrs, I parked my Suzuki motorcycle at Blk 865A Jurong West St 81, MSCP, deck 1A, lot 12. I then went home. everything was intact and normal.

On 12/12/2017 at about 1540hrs, my neighbor informed me that at Blk 865A Jurong West ST 81, MSCP there was a car which had knocked into a motorcycle. I then went to the MSCP to make a check. I discovered that my motorcycle had been knocked down by a car, SKX5517L.

traffic Police was at scene and asked me to lodge a Police report vide J/20171212/0133, under Traffic Police IO Dylan, TEL: 65476251. I wish to state that there were dents, scratches and damages all over my motorcycle.



**SINGAPORE
POLICE FORCE**



T/20171212/2162

3 of 3

Report No. T/20171212/2162

Police Station Of Origin:

Nanyang N.P.C

2 Jurong West Avenue 5 SINGAPORE

649482

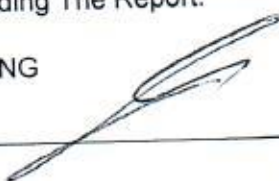
Tel No: 1800-7929999

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: J / Staff Sgt YEO CHANG LONG	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / GIT /	
Contact No.:	

Signature Of Informant: 
Date/Time: 12/12/2017 19:27
Classification Of Case:

Authentication Stamp
NP168



(TP)

IDAC BTBATOK

511 BT Batok St 23

Singapore 659545

Mdm Pang Hian

IC : 80822152I

INSURANCE : NTUC

Vehicle No : SKX5517L

Reported on 13/12/17
@ 1225 hrs

ACCIDENT STATEMENT

ACCIDENT DATE: 12/12/2017 (DD/MM/YYYY), TIME: 15.40 (HH:MM)

LOCATION: Blk 865A Jurong West St 81 (Multi Storey carpark)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBK 1916 U
b) INSURANCE COMPANY: _____
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: _____
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: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 91452893
c) ADDRESS: _____

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) OWNER

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKX5517L MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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


Email: workshop @ hhmotor @ singnet.com.sg ✓

Email =

fax =

✓ 1060

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1623229G





ABDUL AZIZ BIN MOHAMAD

عبد العزيز بن محمد

Race
MALAY


Date of Birth 24-12-1963 Sex M

Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S1623229G



ABDUL AZIZ BIN MOHAMAD

Birth Date 24 Dec 1963
Issue Date 17 Jan 2003

000133875F

0804945



NRIC No. S1623229G



Blood Group O+ Date of Issue 03-03-1993

APT BLK 805 JURONG WEST STREET 81 #04-563
SINGAPORE 640865

1623229G 09-10-2002 (R)


NRIC No. Date: No: 4121764

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

Class 2B	Motorcycles not exceeding 200 cc	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	12 Jan 1984
		21 Jan 1991

NP 428A

Licence No. S1623229G





W 6 9 4 5 6 8
MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212G)
4 Shenton Way, # 21-01, SGX Centre2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7800
www.msig.com.sg

CERTIFICATE OF INSURANCE

Road Transport Act, 1987 (Malaysia)
The Motor Vehicles (Third Party Risks) Rules, 1959 (Federation of 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.

CERTIFICATE NO : MSD/VNS/17-982480-WTT A0633-001/W0845

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

S1623229G

PBK1916U

1. Index mark and Registration Number of Vehicle
SUZUKI 200 c.c.
2. Name of Policyholder
ABDUL AZIZ BIN MOHAMAD
3. Effective date of the Commencement of Insurance
for the purposes of the Act 0001AM 07/05/2017
4. Date of Expiry of Insurance 06/05/2018
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.
 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 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 the Road Transport Act, 1987 (Malaysia).

Repl CN: 60741930
29/04/2017 (L)

WTT-CI-04(04/14)

WTT INSURANCE AGENCIES PTE LTD
Underwriting Agent
For MSIG Insurance (Singapore) Pte. Ltd.