

NATIONAL Assessment Centre Services

(wef 1 Jan 05) **MAA1800664**

Date In: 31/1/18-12:14	Job description	Date & Time Completed	Done by
Ref No: NA/MSG18000193/24	SAS e-filing		
Veh No: FBH954G	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 31/1/17-16:30	i-Motor Claim Form		
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: Unknown	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: Customer's information strictly Confidential & Strictly NO refer of repairer.	
() Total Loss Case : to e-mail Insurer URGENTLY.	
Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()	

Remarks: (INC hotline: 6788 6616)	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

NA1800066	Invoice Preparation Checklist		Am't (\$) Est Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	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: Idae DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
QC Checked by (Engr-In-Charge):	ON*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20			
	9) N12: Idae Mobile 30			
	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	03/01/2018 12:14
Date Of Accident	31/12/2017 16:30
Exact Location Of Accident	ALONG KJE BEFORE CHOA CHU KANG WAY EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH954G
Insured/Policyholder	
Name Of Registered Owner	NOOR ZAWIYAH BINTE MOHAMMED
NRIC No	S9405283A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87515540
Alternative Phone No	OFFICE-87515540

Vehicle Particulars

Manufacturer	MLE
Model	XTM200
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	REPORTING ONLY
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/17-370873-CA
Cover Note Number	

Driver

Name of Driver	NOOR ZAWIYAH BINTE MOHAMMED
NRIC No	S9405283A
Date Of Birth	12/02/1994
Occupation	INDOOR
Date Of Driving Pass	01/08/2017
Driving Experience	0 YEAR AND 4 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-87515540
Fax Number	
Contact Number	OFFICE-87515540
Email Address	NOEMAIL

Address	BLK 633 CHOA CHU KANG NORTH 6 #16-315
Postcode	680633
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	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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 - SINGAPORE CITY
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

REFER TO POLICE REPORT - T/20180102/2161

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	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name

NOOR ZAWIYAH BINTE MOHAMMED

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

FBH954G

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

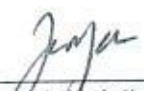
SKETCH PLAN

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.



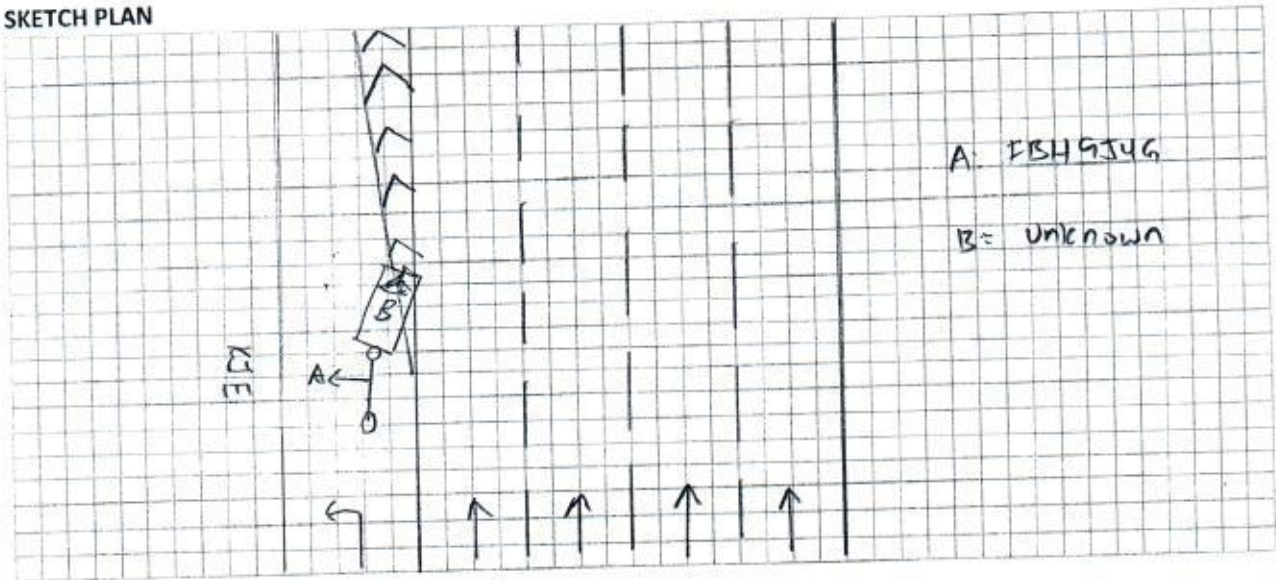
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report. 1/20/80/02/2161.

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:

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



SINGAPORE POLICE FORCE



T/20180102/2161

1 of 3

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

Report No. T/20180102/2161

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/01/2018 18:04	Vide Report No.: J/20171231/0189	Station Diary No.:
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Informant's Particulars		
Name of Informant: NOOR ZAWIYAH BINTE MOHAMMED		Address: APT BLK 633 CHOA CHU KANG NORTH 6 #16-315 HDB- CHOA CHU KANG SINGAPORE 680633
ID Type / ID No.: NRIC NO / S9405283A		Contact No.: Home/Office: Mobile: 87515540
Nationality: SINGAPORE CITIZEN		Email:
Sex: Female	Age: 23	Date of Birth: 12/02/1994
Type of Informant: Driver		
Race: Malay		Institution / School Name:
Language:		
Occupation: SERVICE COORDINATOR		Driving Licence Information: Class: Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 31/12/2017 16:30	Type of Location:
Location: Along Road 1 KRANJI EXPRESSWAY TOWARDS PIE EXIT 4.				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH954G	Motorcycle	MLE	XTM200	Black		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH954G	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72026520	28/08/2017	27/08/2018



**SINGAPORE
POLICE FORCE**



T/20180102/2161

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Report No. T/20180102/2161

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

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NOOR ZAWIYAH BINTE MOHAMMED	ID No.	S9405283A
Related Vehicle	FBH954G (Motorcycle)	Contact No.	87515540
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	31/12/2017	Date Discharge	02/01/2018
No. of Days granted Medical Leave	06	Degree of Injury	NIL

Brief Details.

ON 31/12/2017 AT AT KJE,

I WAS TRAVELLING ALONG KJE AND THERE WAS A TAXI IN FRONT OF MY BIKE. SUDDENLY, A TAXI MOVED OUT OF LANE WITHOUT SIGNALLING OR SLOWING DOWN TOWARDS THE CHEVRON. I TRIED TO BRAKE TO AVOID COLLISION. HOWEVER, THE ROAD SURFACE WAS WET AND THE FRONT TYRE OF MY BIKE HIT THE BACK OF THE TAXI. I THEN BLACKED OUT AND AMBULANCE WAS AT SCENE TO CONVEY ME TO NTFH.



**SINGAPORE
POLICE FORCE**



T/20180102/2161

3 of 3

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

Report No. T/20180102/2161

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 /

LEE KWANG HONG KENDRICK

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Contact No.:

Authentication Stamp


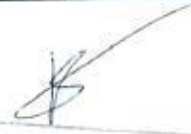
NP168

Signature Of Informant:

Date/Time:

02/01/2018 18:04

Classification Of Case:


Signature: 

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9405283A



Name

NOOR ZAWIYAH BINTE
MOHAMMED

نور زویہ بنت محمد

Race

MALAY

Date of birth

12-02-1994

Sex

F

Country of birth

SINGAPORE

S9405283A

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S9405283A

Name

NOOR ZAWIYAH BINTE MOHAMMED

Expiry Date: 12 Feb 1994

Issue Date: 01 Aug 2017



4458308

NTIC No S9405283A



Date of Issue

04-09-2009

Address

APT BLK 633 CHOA CHU KANG NORTH 6
#16-315
SINGAPORE 680633

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

01 Aug 2017

Class 2B Motorcycles <= 200 cc



NP 428A

**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

DATE OF ISSUE: 18/09/2017

AGENCY: A0074-001-10223
COMMERCIAL AGENCY PTE LTD

POLICY NO: MSD/VMS/17-370873-CA

INSURED:

NAME: NOOR ZAWIYAH BINTE MOHAMMED
ADDRESS: 633 CHOA CHU KANG NORTH 6
#16-315
SE 680633

NRIC NO: S9405283A
DATE OF BIRTH: 12/02/1994 (23 yrs)
DRIVING EXP: 01/08/2017 (0 yr)
CONTACT NO: 81272647

BUSINESS OR PROFESSION: SERVICE CO-ORDINATOR

PERIOD OF INSURANCE FROM: 28/08/2017 **TO** 27/08/2018
12:01AM

REGISTRATION NUMBER: FBH954G

CUBIC CAPACITY: 199

MAKE OF VEHICLE: MLE

YEAR OF REGISTRATION: 2013

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

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

PREMIUM: 705.00

GST @ 7%: 49.35

TOTAL : 754.35

NO CLAIM BONUS OF 0% IS ALLOWED

**NAME OF EMPLOYER AND/OR
HIRE PURCHASE OWNER:** A S PHOON PTE LTD

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