

NATIONAL Assessment Centre Services

Unit 1 2018001

NA180004130

Date In: 08/01/2018 12:37

Ref No: NBA/MS/18000486/Y

Veh No: FJ 4098

D.O.A: 08/01/2018 07:28

OD: TP Reporting Only

TP Insured:

Job Description

Date & Time Completed

Done by

SAS e-Milling

E-mail (within 3hrs, A/C 2hrs)

f-Motor Claim Form

f-Motor VVO (Within 24hrs, TP 4hrs)

f-Photo Uploaded

Assessment/Survey Report

Ass'l Report by Fax / Hand to Owner/Wksp

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars: Yell No: SG7 86587

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 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

NA1800274

Incident's Particulars

Driver/Owner:

Contact No:

Damaged Portion:

C. Checked by (Engr-In-Charge):

Incident's Comments

L 1:

L 2/3:

Invoice Preparation Checklist

- 1) AR: Accident Reporting (\$30)
- 2) DA: Damage Assessment (\$100) INC (\$30)
- 3) TP: Towing Fee \$10/\$15
- 4) FT: Follow-Through Survey \$150
- 5) PT: Follow-Through Survey (Resurvey) \$10
- 6) TR: Re-inspection \$15
- 7) NI: fda DA + SMRT Survey \$160
- 8) NTUC Additional Services
- 9) NI: fda Mobile \$10

Invoice dated

Per Charged

Invoice dated

Use 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	09/01/2018 12:10
Date Of Accident	04/01/2018 07:25
Exact Location Of Accident	AYE TOWARDS TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FJ4098T
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD RENO BIN ABDUL RASHID
NRIC No	S9506122B
Email Address	MUHDRENO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82802028
Alternative Phone No	OFFICE-82802028

Vehicle Particulars

Manufacturer	YAMAHA
Model	RXZ135-133CC (M)
Exact Purpose for which vehicle was being used at time of accident	GOING TO WORK
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
Fleet Policy	NO
Policy Number	
Cover Note Number	71956930/E01

Driver

Name of Driver	MUHAMMAD RENO BIN ABDUL RASHID
NRIC No	S9506122B
Date Of Birth	25/02/1995
Occupation	INDOOR
Date Of Driving Pass	25/04/2016
Driving Experience	1 YEAR AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82802028
Fax Number	
Contact Number	OFFICE-82802028
EMail Address	MUHDRENO@GMAIL.COM

Address	BLK 57 LENGKOK BAHRU #05-503
Postcode	151027
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	AFTER RAIN
Road Surface	WET

Other Information

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

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
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
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGT8658L
Vehicle Make/Model/Colour	VOLKSWAGEN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN SHIAO SER (CHEN XIAOSI)
NRIC/Passport Number	S7900794C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD RENO BIN ABDUL RASHID
------	--------------------------------

Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FJ4098T
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
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:

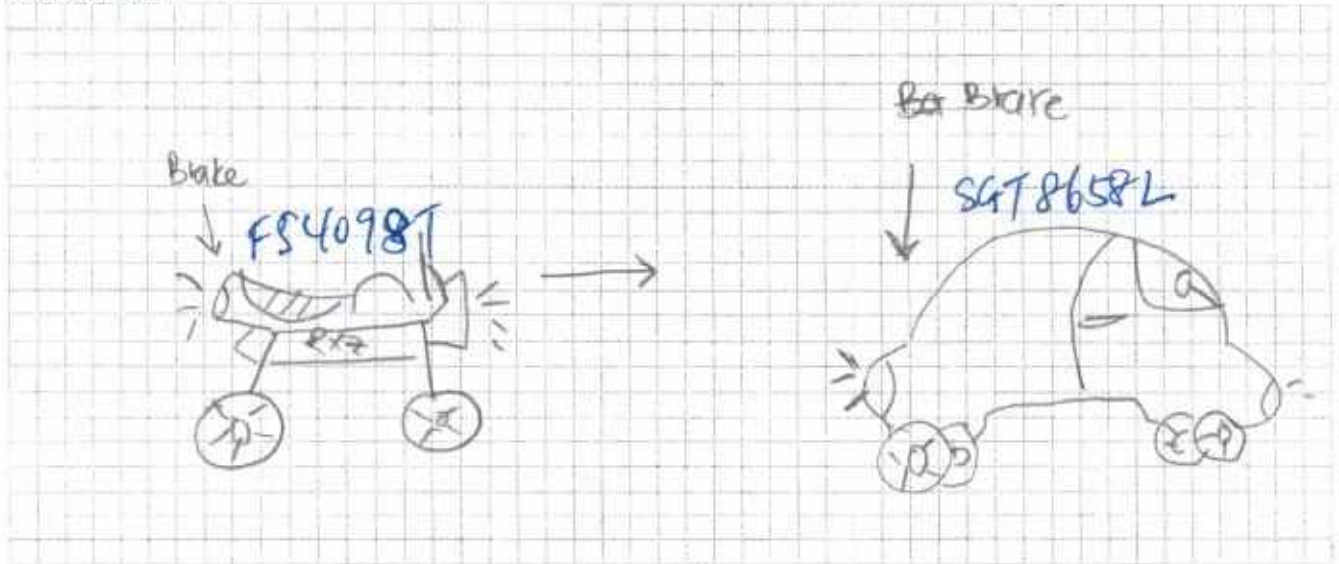
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

 9/01/2018
Policyholder's Signature
Date & Time:

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

 09/01/2018
Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.:

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was on my way to work after a rainy night I was at lone one of my. I saw the car in front of me is like going to stop. So I wanted to change lane to the left. I check my blind spot and when i look. in front back the car already stop. I pressed my brakes but due to the slippery road, I skid while doing so. I slide till the car and just banged abit and the back bumper fell off.


DECLARATION

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

 9/01/2018

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: 04/01/2017 (DD/MM/YYYY), TIME: 07.25 (HH:MM)

LOCATION: A/E Towards Kuar

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: F5 4098T
 b) INSURANCE COMPANY: MCIG
 c) POLICY NUMBER: 7956930/201
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Yamaha R3
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Going to work
 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: Muhammad Reno (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 995061225 CONTACT: 23202023
 c) ADDRESS: BK 57 Lengkok Bahru #05-503
SC151057

* 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: 25/02/1995 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 25/04/2016

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: 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: CGT 2658L MODEL: Volkswagen
 b) DRIVER'S NAME: Tan Shiao Ser (Chen Xiao Si)
 c) NRIC/FIN/PASSPORT: 579007946 CONTACT: _____

9. THIRD PARTY VEHICLE

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

email = muhreno@gmail.com

fax =

✓ 1000

Type: PA Country Code: SGP: Passport No: E52581048



PA 30
Name
MUHAMMAD RENO BIN ABDUL RASHID

See Nationality CITIZEN
M SINGAPORE Place of birth
Date of birth SINGAPORE
25 FEB 1995 Date of expiry
Date of issue 13 NOV 2020
13 NOV 2015 Authority
Modifications MINISTRY OF HOME AFFAIRS
SEE PAGE 2
National ID No
S9506122B

PASGPMUHAMMAD<RENO<BIN<ABDUL<RASHID<<<<<<<<
E5258104B8SGP9502253M2011138S9506122B<<<<84

DRIVING LICENCE

LIBRARY CARD S9506122B



MUHAMMAD RENO BIN ABDUL
RASHID

Birth Date: 25 Feb 1996
Issued Date: 25 Apr 2016



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

Class 2B Motorcycles ≤ 200 cc

EFFECTIVE DATE
25 Apr 2016

NP 428A



**MSIG**

MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412173C)
4 Shenton Way, #21-01 SCX Centre 2, Singapore 068807
Tel +65 6827 7888 Fax +65 6827 7800
msig.com.sg

For any enquiries, please call the Underwriting agent: Commercial Agency Pte Ltd
23 Kelantan Lane #02-01/02 Kim Hoe Centre Singapore 208642 Tel : 63373133

MOTOR CYCLE COVER NOTE (Strictly for Motor Cycle Insurance)

MSCN No : 71956930/E01

Agency : A0074-001-10223

Date : 04 Dec 2017

Name : MUHAMMAD RENO BIN ABDUL RASHID

having proposed for insurance in respect of the Motor Cycle described in the Schedule below the risks is hereby HELD COVERED
in the terms of the Company's usual form of Third Party Policy applicable thereto for the

period from 00:00AM on 23 Dec 2017 to midnight on 31 Mar 2018 unless the
cover be terminated by the Company by notice in writing in which case insurance will thereupon cease and a proportionate part of
the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDULE

Registration No.	FJ4098T	Insured Value	Third Party Liability (TPL)
Engine No.	2UX005504	C.C.	133
Chassis No.	2UX005504		
Year Manufactured	1991	Year of Registration	1991
Make & Model	YAMAHA [RXZ]		
Rider Type	Policyholder		

Use only for the following purpose : social domestic and pleasure purposes and in connection with policyholder's business or profession.

CERTIFICATE OF INSURANCE

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).

IMPORTANT

Please be informed that this cover note is issued for temporary use only and that you must exchange the cover note for the
certificate of insurance from the respective agents within 14 days hereof.



Not valid unless countersigned by Authorized Person

For MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurer

71956930

MSD/VMT/17-357305

(Please read important information on the reverse page.)

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MINA418004130 Vehicle Registration No: FJ 4098T
Name (as shown in NRIC): MUHAMMAD RIZAL BIN ABUL KAPALID NRIC/FIN/Passport No: S9506122B
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 82802028
Email Address: _____
Date of Accident: 04/01/2018 Time of Accident: 07:25
Place of Accident: HYK TOWARDS TUA
Insurance Company: M&L

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

INQUIRED VEHICLE NUMBER TO FJ 4098T

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Rishi Arora
NRIC/FIN No.:
Date: 09/01/2018