

NATIONAL Assessment Centre Services (part 1 of 1000)

Date In: 15/01/2018 18:10	Job description	Date & Time Completed	Done by
Ref No: NBA/MSG 18000890/K4	SAS e-illing		
Veh No: EX6499H	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: 13/01/2018 03:56	1-Motor Claim Form		
OD: TP / Reporting Only	1-Motor VVO (Within 2hrs, TP 2hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass'l Report by Fax/ Hand to Owner/VKsp		

Preferred Wksp / INC Assign WKsp / OW: (Tel:	Fax:
TP Particulars: Yeh No: SLM 9504T, 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 repeller.

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

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

Remarks: (INC hotline: 6788 0010)	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	Action

NA1800408	Invoice Preparation Checklist:	Amount	Remarks
Insurer's Particulars:	1) AR: Accident Reporting (\$20)		
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$30)	
Contact No:	3) TP: Towing Fee	\$10/\$45	
Assigned Portion:	4) FT: Follow-Through Survey	\$120	
	5) RT: Follow-Through Survey (Resurvey)	\$10	
	For claiming against INC Only (wef 10 Jan 2003)		
	6) TR: Re-inspection	\$15	
	7) NI: (w/ DA + SMRT Survey	\$160	
	8) NTUC Additional Services:		
	Q11:		
	INC: Courtesy Car / Tpl Allowance	\$5	
	INC: Repair Coordination	\$10	
	INC: Post Repair Inspection	\$15	
	INC: DY / Collision Upgrade Coordination	\$2	
	TP (NI) / TP (Non-INC) against INC	\$20	
	7) NI: Idms Mobile	10	
	Invoice dated		
	Invoice checked		

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 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	15/01/2018 18:10
Date Of Accident	13/01/2018 03:50
Exact Location Of Accident	UPPER THOMSON RD NEAR THE PRATA HOUSE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FX6499H
Insured/Policyholder	
Name Of Registered Owner	MOHD AYOUB BIN MOHD ALI
NRIC No	S6917799I
Email Address	RAIS.ABDULLAH0320@GMAIL.COM
Mobile Phone No	(LOCAL) +65-84553237
Alternative Phone No	OTHERS-84553237

Vehicle Particulars

Manufacturer	YAMAHA
Model	133 C. C.

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

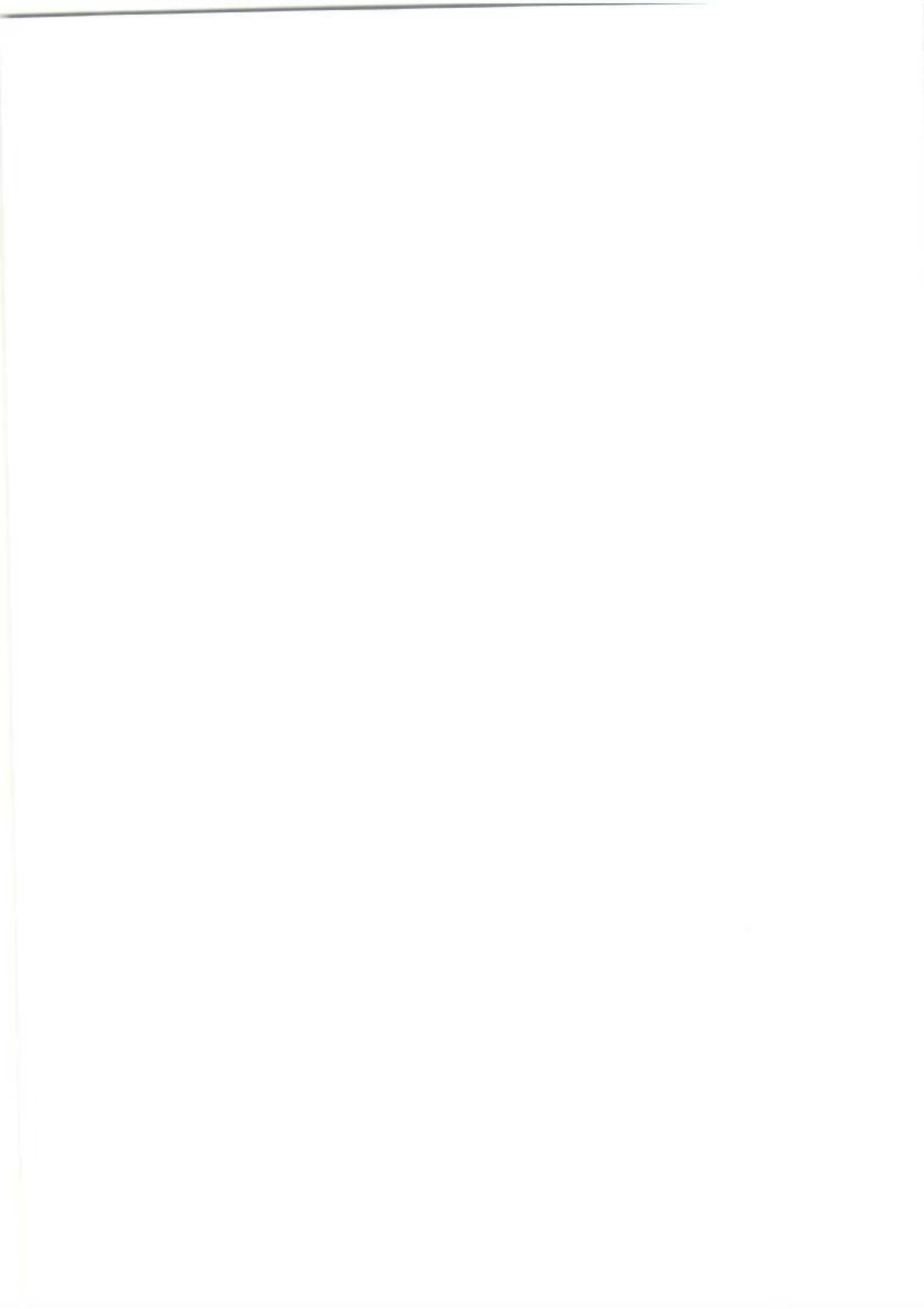
Vehicle Category MOTORCYCLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MSD/VMT/17-359187-CA
Cover Note Number	

Driver

Name of Driver	MUHAMMAD RAIS BIN ABDULLAH
NRIC No	S9110239J
Date Of Birth	20/03/1991
Occupation	INDOOR
Date Of Driving Pass	08/07/2010
Driving Experience	7 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84553237
Fax Number	
Contact Number	OTHERS-84553237
Email Address	RAIS.ABDULLAH0320@GMAIL.COM



Address	BLK 107 YISHUN RING ROAD #07-259
Postcode	760107
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - 2 ND 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	DRIZZLING
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?	NO
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION)
Police Station Address	ROAD: 51 ANG MO KIO AVENUE 9 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2180000 - FAX NO: 64814246
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

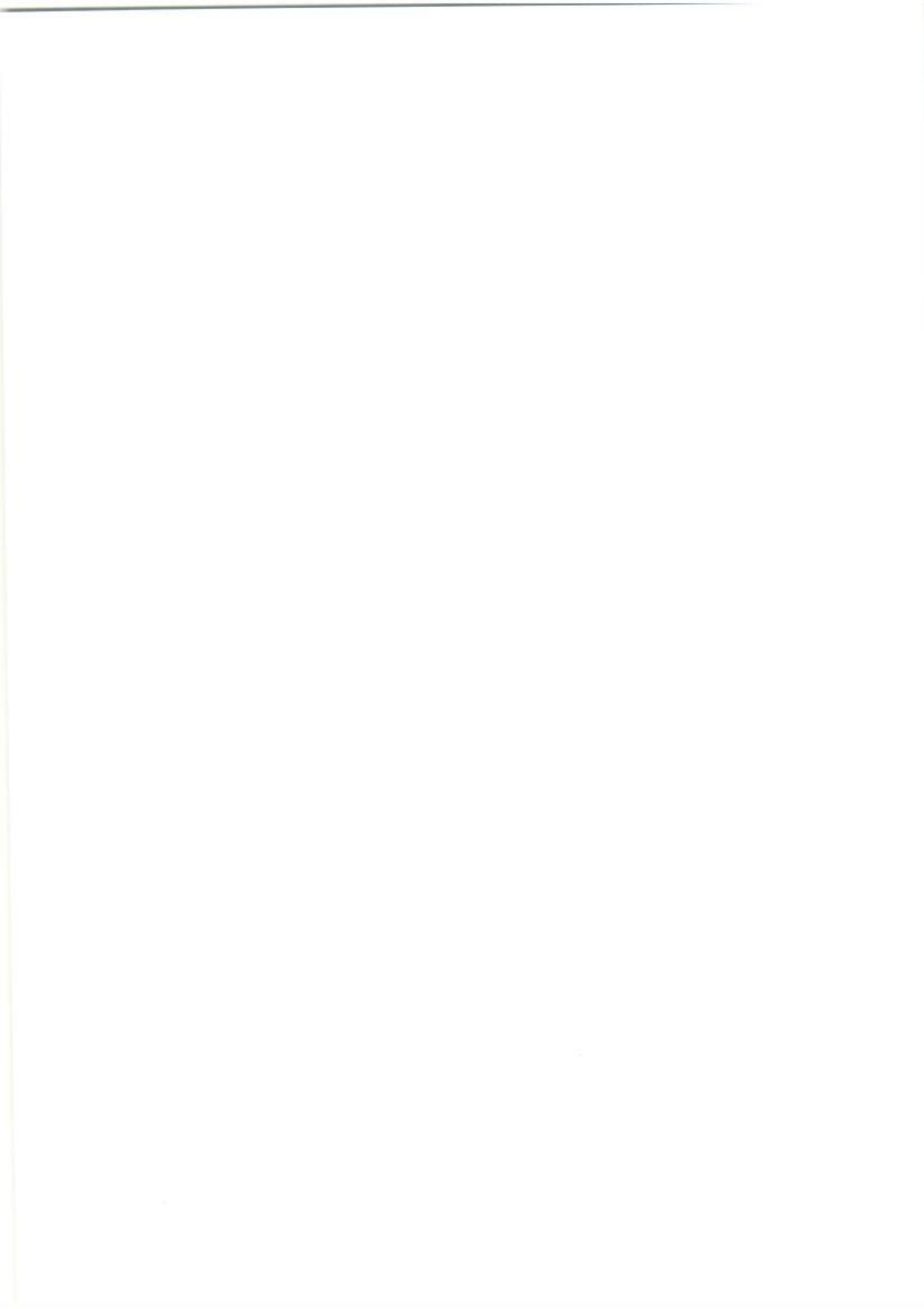
PLS REFER TO THE POLICE REPORT : T/20180113/2117

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	SLM9504T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ALVIN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	



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:

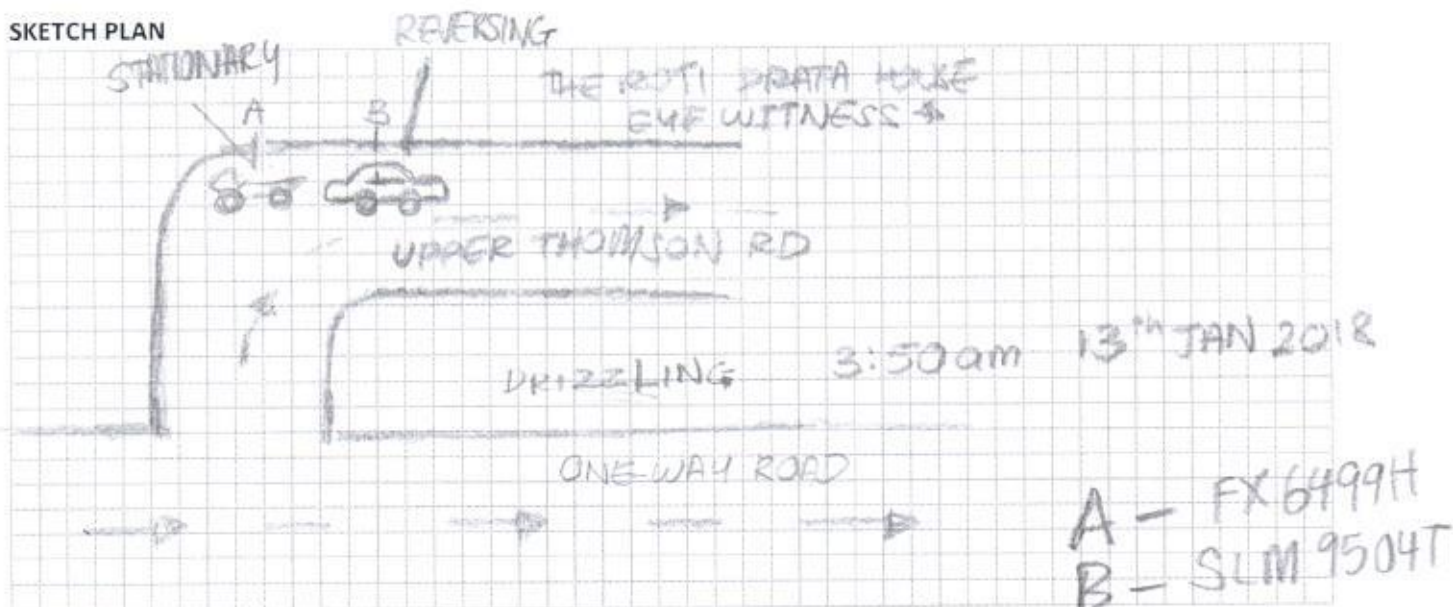
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

 15/11/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report -
T/20180113/2117

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.:



REPORT OF A TRAFFIC ACCIDENT

Date and Time Report Made: 13/01/2018 at 1620hrs	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: Muhammad Rgis Bin Abdullah		Address: B1K 107 Yishun Ring Road #07-259 Postal Code: 760107	
ID Type/No: S 9110239J	Date of Birth: 20/03/1991	Contact No.:- Home:	Mobile: 84553237 Office:
Race: Malay	Age: 26	Sex: Male	Type of Informant: <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Rider <input type="checkbox"/> Cyclist <input type="checkbox"/> Vehicle Owner <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Pillion <input type="checkbox"/> Police Officer <input type="checkbox"/> Others (specify)
Occupation: (state name and address of work place if you are working or name of school/institution if you are a student) Walter			

General Information on the Accident			
Type of Accident :	<input type="checkbox"/> Fatal <input type="checkbox"/> Injury <input checked="" type="checkbox"/> Non-Injury	Date of Accident: 13/01/2018	Type of Location:
	For non-injury, involved: <input type="checkbox"/> Foreign vehicle <input type="checkbox"/> Pedestrian / Cyclist <input type="checkbox"/> Hit & Run <input type="checkbox"/> Police vehicle	Time of Accident: 0350hrs	<input type="checkbox"/> Bend <input type="checkbox"/> Flyover <input type="checkbox"/> Roundabout <input type="checkbox"/> Bridge <input type="checkbox"/> Gradient <input checked="" type="checkbox"/> Straight Road <input type="checkbox"/> Car Park <input type="checkbox"/> X-junction <input type="checkbox"/> T-junction <input type="checkbox"/> Y-junction <input type="checkbox"/> Private Property <input type="checkbox"/> Others (specify)
Location of Accident (state road name and specify landmark [if any]. If accident occurred at junction, state all road names that form the junction) Upper Thomson road near The Prata House			
Type of Collision:			Weather :
(i) Between moving vehicles		(ii) Moving Vehicle Against :	<input type="checkbox"/> Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others (specify):
<input type="checkbox"/> Head on <input type="checkbox"/> Side Swipe (same direction) <input type="checkbox"/> Head to Rear <input type="checkbox"/> Side Swipe (opposite direction) <input type="checkbox"/> Head to Side <input type="checkbox"/> Others (specify)		<input checked="" type="checkbox"/> Parked Vehicle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Animal <input type="checkbox"/> Lamp Post <input type="checkbox"/> Road Divider/Kerb <input type="checkbox"/> Others (specify)	
Traffic Flow: <input checked="" type="checkbox"/> One-way <input type="checkbox"/> Two-way <input type="checkbox"/> Dual Carriageway	Traffic Control: <input type="checkbox"/> Traffic Lights <input type="checkbox"/> Manual Control <input checked="" type="checkbox"/> Uncontrolled	Traffic Volume: <input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input type="checkbox"/> Light <input type="checkbox"/> No traffic	Road Surface: <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Others (specify):
Road Speed Limit:		Road Speed Limit:km/h	
Drink Drive:		Yes/No	

Details Of Vehicle(s) & Driver(s) Involved									
Vehicle No.	Type/Make /Colour	Damage (serious, slight or no damage)	Name & ID of Driver	Class of D/Lic & Exp Date	Contact No	Degree of Injury & Days Given M/Leave	Name of Insurance Co.	Insurance Cert. No.	Validity Period of insurance
FX 6499 H	Yamaha / Maroon	Slight	Muhammad Rgis Bin Abdullah	2B	84553237	No injury	MSI 6	WSD / VMT / 17-35487-69	16/02/2017 to 15/12/2018
SLM 9504 T	Mercedes / Black		Alvin						

Details of Other Person(s) Involved (Passenger, Pedestrian, Pillion, etc.)							
Name	ID No.	Related Vehicle	Contact No.	Degree of Injury	Days Warded	Days given Medical Leave	Hospital/Clinic



CONTINUATION OF REPORT

Information on Pedestrian(s) Involved		
Any Pedestrian Involved: Yes / No		
No. of Pedestrians Injured:	Whether Pedestrian Crossing Was Used : <input type="checkbox"/> Used <input type="checkbox"/> Not Used <input type="checkbox"/> Not Available	Pedestrian's Degree of Injury : <input type="checkbox"/> Killed <input type="checkbox"/> Seriously Injured <input type="checkbox"/> Slightly Injured <input type="checkbox"/> Not Injured
Information on Eyewitness		
Any eyewitness available : (Yes/ No)	Eyewitness' Particulars Available (Yes/ No (if Yes to both, please provide the eyewitness' particulars and contact number to the Investigation Officer)	

Brief Details. This report shall be signed by the informant.

On 13/01/2018 at about 0350hrs, I had parked my motorcycle FX649914 in front of The Prata House along Upper Thomson road. I had went in with my friends to have supper. Halfway through my meal, a male subject Daniel contact : 93365676 approached us and told us that a car had hit one of our motorcycle. We came out and saw a car SLM 9504T stopping near our motorcycle. I saw my motorcycle lying down on the road. A male subject was standing nearby. I approached the subject who gave his name as Alvin. Alvin denied hitting my motorcycle. However he offered \$50 the first time and \$250 the ^{second} time. ~~first~~ However we could not come to an agreement. I smelled alcoholic breath from Alvin and decided to call police. About 40 mins later, a traffic police officer came down and had conducted a breathalyzer test on ~~the~~ Alvin. However Alvin was not arrested. The traffic police officer advised us to report to our insurance. I am lodging the report for a record.

Instructions

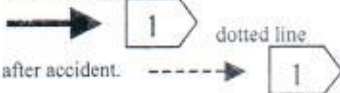
1. Number each vehicle and show direction of travel by arrow.



2. Number each pedestrian and show direction by arrow.



3. Use solid line to show path of vehicle before accident.



4. Show distance and direction to landmarks, identify by name.

5. Include road signs and any other important physical features.

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 the Traffic Police at 65474749 stating the report number as reference.

Rank/Name/Signature Of Officer Recording The Report:
Name/Signature Of Interpreter:
Investigation Officer In-Charge Of Case: Mohamed Syfian Bin Sudin

Signature Of Informant:
Date: 13/01/2018
Classification Of Case:

Authentication Stamp

ACCIDENT STATEMENT

Reported on: 15/11/2018
@ 1440hrs

ACCIDENT DATE: 13/01/2018 (DD/MM/YYYY), TIME: 03:50 AM (HH:MM)

LOCATION: Upper Thomson Rd. near the Prata House

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: Fx6499H
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

3. DRIVER

- a) NAME: (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT: 84553237
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:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) Drizzle

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

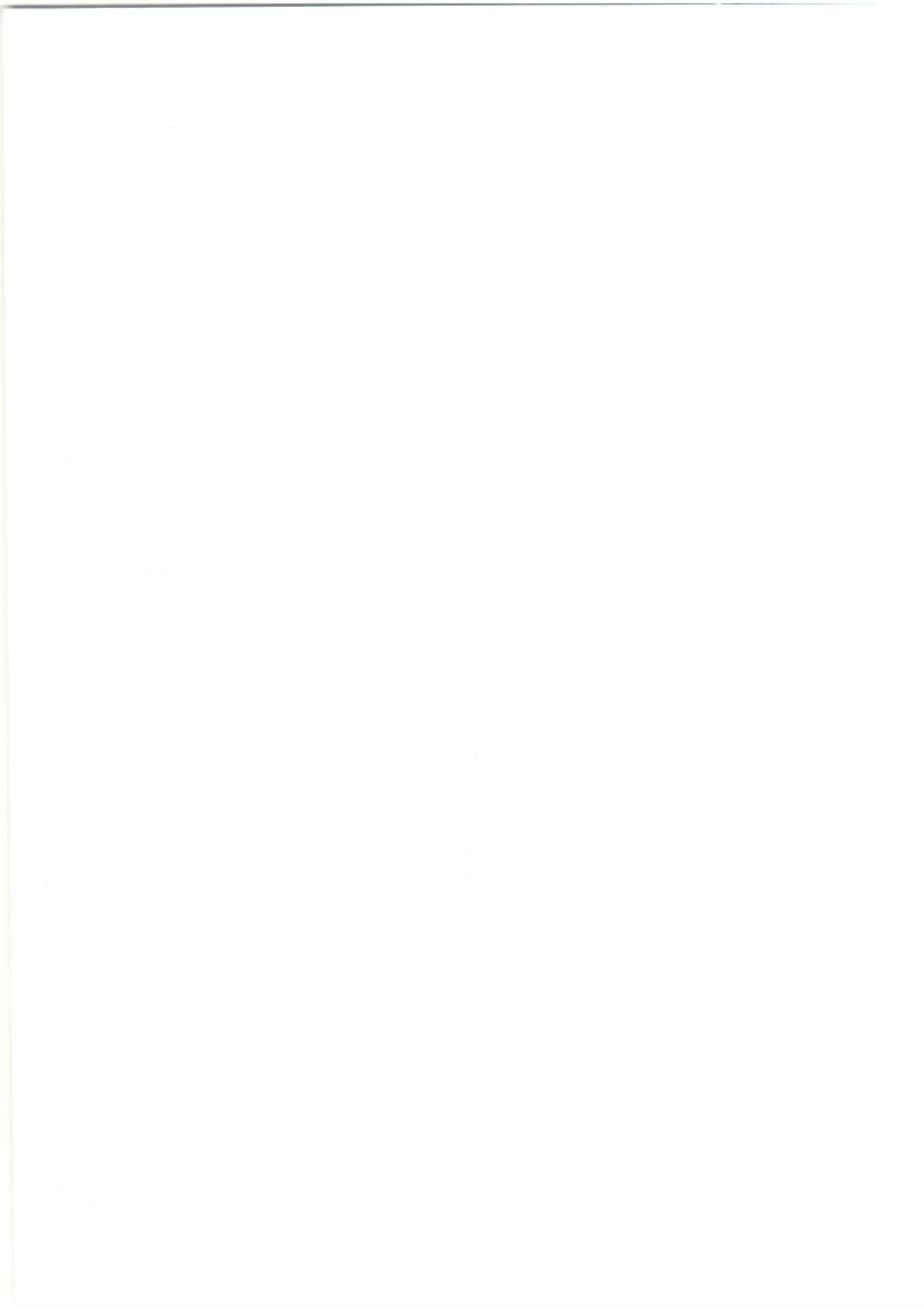
- a) VEHICLE NUMBER: SLM9504T MODEL: ALVIN
b) DRIVER'S NAME: ALVIN
c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

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

Email = rais.abdullah0320@gmail.com

fax = rais.abdullah0320@gmail.com



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9110239J



Name

MUHAMMAD RAIS BIN
ABDULLAH

Race

MALAY

Date of birth

20-03-1991

Sex

M

Country of birth

SINGAPORE



3883584

NRIC No. S9110239J



Date of issue

07-04-2006

Address

APT BLK 107 YISHUN RING ROAD
#07-259
SINGAPORE 760107

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S9110239J

Name

MUHAMMAD RAIS BIN
ABDULLAH

Birth Date: 20 Mar 1991

Issue Date: 08 Jul 2010



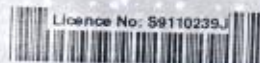
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 2B Motorcycles < 200 cc

EFFECTIVE DATE

08 Jul 2010

NP 426A





MSIG

CA 479246
 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

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/VMT/17-359187-CA A0074-001/10001

SUM INSURED : TPL
 EXCESS : NIL

1. Index mark and Registration Number of Vehicle : FX6499H

YAMAHA

2. Name of Policyholder : MOHD AYOUB BIN MOHD ALI

133 c.c.

56917799I

3. Effective date of the Commencement of Insurance
 for the purposes of the Act

1201AM 16/02/2017

4. Date of Expiry of Insurance

15/02/2018

5. Persons or Classes of Persons entitled to drive
 a. The Policyholder.

b. MUHAMMAD RAIS BIN ABDULLAH ONLY.

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).

08/02/2017 (KS)
 CA/CI-03 (05/15)

COMMERCIAL AGENCY PTE. LTD.
 Underwriting Agent
 For MSIG Insurance (Singapore) Pte. Ltd.

