

NATIONAL Assessment Centre Services

NA/801537

Date In: 23/01/2018 16:26	Job description	Date & Time Completed	Done by
Ref No: NA/m8418001563/Y	SAS e-illing		
Veh No: FBK 4742 J	E-mail (within this A/C2 hrs)		
P.O.A: 28/01/2018 01:48	I-Motor Claim Form		
OO TP Reporting Only	I-Motor W/O (within 60 days, TP (1hr))		
	I-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW:	Tel:	Fax:
TP Particulars: Yeh No: SLV 3920S INC () / Non-INC ()		
Owner / Driver:	Tel:	
Policy No: () Period: ()	Cover Type: ()	
Confirmed by: () Date: () Time: ()		
Insured/Driver Liability: () % (Note: BSL 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 repeller.

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

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

Remarks:

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Repair Photo (Repair Cost > \$3000) ()

Injury: ()

Date/Time	Action

NA/800587

Human Resources	Invoice Preparation Checklist	Bill	Adj. Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100) INC (\$30)		
Damaged Portion:	3) TP: Towing Fee \$10/1hr		
	4) FT: Follow-Through Survey \$150		
	5) PT: Follow-Through Survey (Repair) \$10		
	6) TR: Re-inspection \$10		
	7) NT: DA + SMRT Survey \$140		
	8) NTUC Additional Services		
C. Checked by (Ungr-In-Charge):	9) NT: Courtesy Car / Transport Allowance \$5		
	10) NT: Repair Coordination \$10		
	11) NT: Post Repair Inspection \$10		
	12) NT: DY / Collect Unpaid Contribution \$5		
	TP (NT) / TP (Non-INC) against INC \$10		
	TP (NT) / TP (Non-INC) against INC \$10		
	Invoice Total		
	Fee Charged		
	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 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	23/01/2018 16:26
Date Of Accident	23/01/2018 07:45
Exact Location Of Accident	SLE TOWARDS ANG MO KIO FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK4742J
Insured/Policyholder	
Name Of Registered Owner	MUHAMAD HAZARI BIN RAHMAT
NRIC No	S8927431A
Email Address	ARIE-17@LIVE.COM
Mobile Phone No	(LOCAL) +65-97506454
Alternative Phone No	OTHERS-97506454

Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ1-N-998CC
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-17-358955-CA
Cover Note Number	

Driver

Name of Driver	MUHAMAD HAZARI BIN RAHMAT
NRIC No	S8927431A
Date Of Birth	17/08/1989
Occupation	INDOOR
Date Of Driving Pass	18/09/2015
Driving Experience	2 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97506454
Fax Number	
Contact Number	OTHERS-97506454
Email Address	ARIE-17@LIVE.COM

Address	BLK 511A YISHUN STREET 51 #10-419
Postcode	761511
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
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	ROCHER N.P.C
Police Station Address	ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2949999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180123/2065

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	SLV3920S
Vehicle Make/Model/Colour	TOYOTA VELLFIRE BLACK
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MUHAMAD HAZARI BIN RAHMAT
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBK4742J
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: 23-01-2018

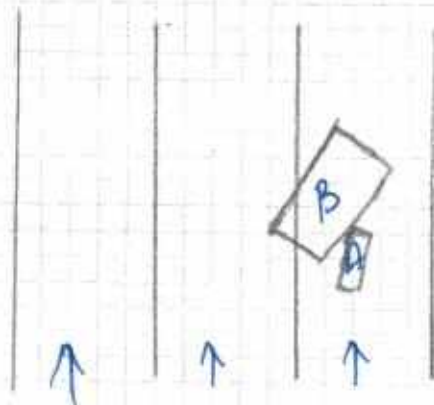
Driver's Signature
(If driver is not the policyholder)
Date & Time:



23/01/2018
Reporting Centre Personnel's Signature
Name: Rosli WAFAB
NRIC/FIN No.:

SKETCH PLAN

SLK TOWARDS AMK MO KID



A) FBK 4742J
B) SLV 3920S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*PLS REFER TO POLICE REPORT
7/20180123/2065*

DECLARATION

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

Ramiris

Policyholder's Signature
Date & Time: 23.01.2018

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

23/01/2018
Reporting Centre Personnel's Signature
Name: *Resdi WATOB*
NRIC/FIN No:



SINGAPORE POLICE FORCE



T/20180123/2065

1 of 3

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20180123/2065

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/01/2018 14:29	Vide Report No.:	Station Diary No.: 87
--	------------------	--------------------------

Informant's Particulars			
Name of Informant: MUHAMAD HAZARI BIN RAHMAT		Address: APT BLK 511A YISHUN STREET 51 #10-419 SINGAPORE 761511	
ID Type / ID No.: NRIC NO / S8927431A		Contact No.: Home/Office:	Mobile: 97506454
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 28	Date of Birth: 17/08/1989	Type of Informant: Rider
Race: Malay		Language: English	Institution / School Name:
Occupation: TECHNICIAN		Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 23/01/2018 07:45	Type of Location: Flyover
Location: Along Road 1 SELETAR EXPRESSWAY Ang Mo Kio Flyover				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
FBK4742J	Motorcycle	YAMAHA	FZ1-N	Black		0
SLV3920S	Car	TOYOTA	VELLFIRE	Black		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK4742J	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDSMT17358955	06/02/2017	05/02/2018



**SINGAPORE
POLICE FORCE**



T/20180123/2065

2 of 3

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20180123/2065

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMAD HAZARI BIN RAHMAT	ID No.	S8927431A
Related Vehicle	FBK4742J (Motorcycle)	Contact No.	97506454
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	23/01/2018	Date Discharge	23/01/2018
No. of Days granted Medical Leave	05	Degree of Injury	Serious

Brief Details.

On 23/01/2018, at about 0745hrs, while I was riding on my motorcycle (FBK 4742 J) along SLE travelling towards Orchard.

I was crossing the Ang Mo Kio Flyover, and I was travelling on lane number one. However, when I was riding, one vehicle (SLV 3920 S), on my left signaled to the right and straight away swerve towards his right and cutting into my lane, colliding with me. I then fell of my motorcycle from my right side and landed on the road. I then lie down on the road as I felt dizzy. Soon after ambulance arrived.

I was then conveyed to Tan Tock Sheng Hospital, and I suffered laceration and limb injuries. I was also given Five days of Medical Leave from 23/01/2018 to 27/01/2018. That is all.



**SINGAPORE
POLICE FORCE**



T/20180123/2065

3 of 3

Report No. T/20180123/2065

Police Station Of Origin:

Rochor N.P.C

11 Kampong Kapur Road SINGAPORE

208678

Tel No: 1800-2949999

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:

A /

Sgt 2 TAN ZHI KAI, BRANDAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI YEO CHUN JIAN

Contact No.: 65476213

Signature Of Informant:

Date/Time:

23/01/2018 14:29

Classification Of Case:

Authentication Stamp

NP168

ACCIDENT STATEMENT

ACCIDENT DATE: (23 / 01 / 2018) (DD/MM/YYYY), TIME: (07 : 45) (HH:MM)

LOCATION: SLE Ang Mo Kio Flyover

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBK 4742 J
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER: MSDSMT17358955
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Yamaha & FZ1-N
 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: MUHAMMAD HAZARI BIN RAHMAT (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8927431A CONTACT: 97506454
 c) ADDRESS: 81K S11A YISHUN ST S1 #10-419
S'pore (761511)

* 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: (17 / 08 / 1989) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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)

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: Rochor N.P.C

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLV 3920 S MODEL: TOYOTA VALFIRM
 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 = arie-17@live.com

fax = arie

✓ 1 OKO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8927431A



Name

MUHAMAD HAZARI BIN
RAHMAT

Race

MALAY

Date of birth

17-08-1989

Sex

M

Country of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8927431A

MUHAMAD HAZARI BIN RAHMAT

Birth Date: 17 Aug 1989

Issue Date: 18 Sep 2015



002474797A



NRIC No. S8927431A



Date of issue

26-08-2004

APT BLK 511A YISHUN STREET 51 #10-51G
SINGAPORE 761511

NRIC No. S8927431A

Date: 29/09/2018

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

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 cc	13 Nov 2007
Class 2A	Motorcycles between 201 cc and 400 cc	30 May 2012
Class 2	Motorcycles > 400 cc	18 Sep 2015
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	21 Oct 2010

NP 428A



Licence No: S8927431A

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/VMS/17-358955-CA A0074-001/10001 E612915

SUM INSURED : PMV

EXCESS : \$750(FIRE&THEFT) \$1500(ENDT 2K)

1. Index mark and Registration Number of Vehicle FBK4742J
YAMAHA 998 c.c.

2. Name of Policyholder MUHAMAD HAZARI BIN RAHMAT

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

0246PM 28/02/2017

4. Date of Expiry of Insurance

05/02/2018

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

b. MUHAMMAD ZAIM BIN HANAFI 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).