

NATIONAL Assessment Centre Services (not a Jaccob)

NA/80019904

Date In: 09/08/2018 10:30

Ref No: N/A/MS918002645/Y

Veh No: FBA 8233M

D.O.A: 26/01/2018 18:40

OD / TP Reporting Only

TP Insured:

Job description	Date & Time Completed	Done by
SAS e-filing		
E-mail (white sheet, AIC sheet)		
E-Motor Claim Form		
E-Motor VVO (white sheet, TP sheet)		
E-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: () Tel: () Fax: ()

TP Particulars: Yeh No: SYM 4380P 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	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

Human's Particulars	Invoice Preparation Checklist	Amount	Remarks
Driver/Owner:	1) AR: Accident Reporting (330)		
Content No:	2) DA: Damage Assessment (3100)	INC (330)	
Assigned Portion:	3) TP: Towing Fee	\$10/\$12	
	4) FT: Follow-Through Survey	\$120	
	5) PT: Follow-Through Survey (Resurvey)	\$30	
	6) TR: Re-inspection	\$12	
	7) NI: New DA + SMRT Survey	\$160	
	8) NTUC Additional Services		
	9) NI: Courtesy Car / Tpl Allowance	\$3	
	10) NI: Repair Coordination	\$10	
	11) NI: Post Repair Inspection	\$12	
	12) NI: DV / Collect Unacc Coordination	\$3	
	13) NI: TP (Non-INC) against INC	\$10	
	14) NI: Idm Mobile	10	
	Invoice total		
	Per Charged		
	Per Charged		

NA/800937

Human's Particulars

Driver/Owner:

Content No:

Assigned Portion:

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

Human's Particulars

Human's Particulars

Human's Particulars

Human's Particulars

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Human's Particulars

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	09/02/2018 10:30
Date Of Accident	26/01/2018 18:40
Exact Location Of Accident	ALONG SERANGOON ROAD/RANGOON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBA8233M
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD HAIKAL BIN ABU SAMAH
NRIC No	S9236692H
Email Address	HAIQAL_1992@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-81001320
Alternative Phone No	OTHERS-81001320

Vehicle Particulars

Manufacturer	HONDA
Model	CB400-399CC
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
Fleet Policy	NO
Policy Number	MSD/MT/17-363791-CA
Cover Note Number	

Driver

Name of Driver	MUHAMMAD HAIKAL BIN ABU SAMAH
NRIC No	S9236692H
Date Of Birth	14/10/1992
Occupation	INDOOR
Date Of Driving Pass	28/04/2017
Driving Experience	0 YEAR AND 8 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81001320
Fax Number	
Contact Number	OTHERS-81001320
Email Address	HAIQAL_1992@HOTMAIL.COM

Address	BLK 513 CLEMENTI WEST STREET 1 #06-340
Postcode	120613
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?	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)	1

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	SJM4380P
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHONG CHOON ANN
NRIC/Passport Number	S7939576E
Contact Number	90097185
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

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**.
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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: 27/9/18 @ 02:57

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

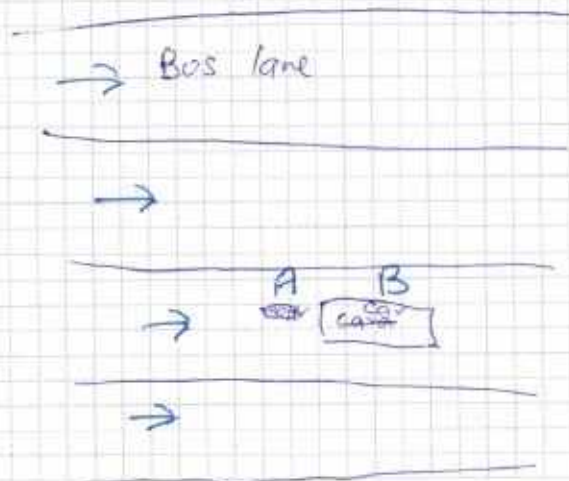
NRIC/FIN No.:

SKETCH PLAN

Along Serangoon Road / Romsey Road.

A) FBA 8233M

B) SJM 4380P



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 26/1/18 @ 1835hrs, I was riding along Serangoon Road and it was raining. It was heavily congested. I was riding behind vehicle SJM 4380P when suddenly, the vehicle in front brake as there was a vehicle in front. As the road was slippery, I could not stop in time in my right brake lever hit its rear left signal light. Both parties came down to exchange particulars and assess the damage. There was scratches at the rear left bumper and the rear left signal light was broken. My motorcycle right signal light broke and the brake lever had some scratches. The driver informed that he wanted to settle privately however I received the letter hence the late report.

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.:



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 6225 7402
www.msig.com.sg

Your Ref : FBA8233M
Our Ref : MSC/V/18-000182 (Please quote our reference when replying)

01 Feb 2018

URGENT

Muhammad Haiqal Bin Abu Samah
Blk 613 Clementi West Street 1
#06-340
Singapore 120613

Dear Sirs

Accident involving FBA8233M and SJM4380P along Serangoon Road & Rangoon Road
Policy No : MSD/VMT/17-363791-CA
Date of Accident : 26 Jan 2018

We have received a property damage claim from workshop acting on behalf of the owner of SJM4380P. However, we have yet to receive your report on the accident.

Under the Motor Claims Framework, motorists are required to report any traffic accident involving their insured vehicles to their insurers within 24 hours of the accident or by the next working day. Any non-reporting may affect the motorist's No Claim Discount and their rights to seek indemnity under their policy.

We urge you to make a report immediately at any of our authorized workshops or IDAC centres. The list is enclosed for your reference. Please bring your vehicle and the following documents with you:

1. Driving license
2. Identity card
3. Police report, if any

If you have already filed an accident report, please accept our thanks and ignore this reminder.

Thank you.

Yours sincerely

Katherine Wong
Executive Officer
Claims Services (Motor)

Tel : 6594 2544
Fax : 6225 7402
Email : katherine_wong@sg.msig-asia.com

cc : CA

A Member of INSURANCE GROUP



ACCIDENT STATEMENT

ACCIDENT DATE: 26 / 1 / 18 (DD/MM/YYYY), TIME: 18 : 30 (HH:MM)

LOCATION: Serangoon Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBA 8233M
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER: MSD/VMT/17-363791-CA
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Honda CB400
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private
 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 Haikal Bin Abu Samah (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9236692H CONTACT: 81001320
 c) ADDRESS: B/K 613 Clementi West St 1 #06-340 S(120613)

* 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: 14 / 10 / 1992 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS 28/1/17

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 Raining)

b) ROAD SURFACE: (DRY / WET / OTHERS Wet)

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: SIM 4380P MODEL: Toyota
 b) DRIVER'S NAME: Chong Choon Ann
 c) NRIC/FIN/PASSPORT: S7939576E CONTACT: 90097185

9. THIRD PARTY VEHICLE


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

Email = haikal - 1992@hotmail.com

Fax = _____

✓ 1080

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9236692H





Name
MUHAMMAD HAIQAL BIN ABU SAMAH

Race
MALAY

Date of birth
14-10-1992

Sex
M

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S9236692H

Name
MUHAMMAD HAIQAL BIN ABU SAMAH

Birth Date 14 Oct 1992

Issue Date 16 Dec 2013




4122049



NRIC No. S9236692H



Date of issue
26-10-2007

Address
APT BLK 613 CLEMENTI WEST STREET 1
#06-340
SINGAPORE 120613

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 CC	09 Mar 2016
Class 2A Motorcycles between 201 CC and 400 CC	26 Apr 2017
Class 3 Motor cars <= 3000 kg with <= 7 passengers, excluding the driver, and motor tractor/trucks <= 2500 kg	16 Dec 2013

S / No. 9000267923

S9236692H

NP 428A

Licence No: S9236692H



**MSIG****CA 484464**

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 : WSD/VNT/17-363791-CA A0074-001/10001

SUM INSURED : TPL

EXCESS : NIL

1. Index mark and Registration Number of Vehicle **FBA8233M**
HONDA 399 c.c.
2. Name of Policyholder: **MUHAMMAD HAIQAL BIN ABU SAMAH**
3. Effective date of the Commencement of Insurance
 for the purposes of the Act 0349PM 28/04/2017
4. Date of Expiry of Insurance 27/04/2018
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).

28/04/2017 (KS)
 CA/GI-03 (05/13)

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