

NATIONAL Assessment Centre Services

Date In: 24/02/2018 16:00	Job description	Date & Time Completed	Done by
Ref No: NA/MSG/18003551/K4	SAS e-filing		
Veh No: FBD 2767M	E-mail (within 8hrs. AIC 2hrs)		
D.O.A: 03/02/2018 08:30	i-Motor Claim Form		
OD TP: Reporting Only	i-Motor W/O (Within: OD 2hrs. TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SJZ5849E	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%; F: 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

Claimant's Particulars:-	NAC801176	
Driver/Owner:	Invoice Preparation Checklist	
Contact No:	1) AR: Accident Reporting (\$30);	Am't (\$)
Damaged Portion:	2) DA: Damage Assessment (\$100); INC (\$30)	1st Bill
QC Checked by (Engr-In-Charge):	3) TF: Towing Fee \$40/\$45	Am't (\$)
Auditors' Comments:-	4) FT: Follow-Through Survey \$120	Add Bill
Cat 1:	5) RT: Follow-Through Survey (Resurvey) \$30	
Cat 2/3:	6) TR: Re-inspection \$75	
	7) N1: Idac DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	OD:	
	*N5: Courtesy Car / Tpt Allowance \$5	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TP (N11): TP (N/A INC) against INC \$20	
	9) N12: Idac Mobile \$0	
	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 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	24/02/2018 16:00
Date Of Accident	03/02/2018 08:30
Exact Location Of Accident	TRAFFIC LIGHT OF BUKIT TIMAH RD TWDS NEWTON
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD2767M
Insured/Policyholder	
Name Of Registered Owner	MOHD ALI BIN A S SHAHUL HAMEED
NRIC No	S1465065B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92229442
Alternative Phone No	OTHERS-92229442

Vehicle Particulars

Manufacturer	YAMAHA
Model	T135
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/VMT/17-984886-WTT
Cover Note Number	

Driver

Name of Driver	MOHD ALI BIN A S SHAHUL HAMEED
NRIC No	S1465065B
Date Of Birth	01/07/1961
Occupation	OUTDOOR
Date Of Driving Pass	15/03/2000
Driving Experience	17 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92229442
Fax Number	
Contact Number	OTHERS-92229442
Email Address	NOEMAIL

Address	BLK 304 UBI AVENUE 1 #04-87
Postcode	400304
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	CLEAR
Road Surface	DRY

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
Passenger 1	NAME: : NOR LAILA BTE SARNAM GENDER: : FEMALE

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

PLS REFER TO THE POLICE REPORT : T/20180207/2180

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	SJZ5849E
Vehicle Make/Model/Colour	
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	MOHD ALI BIN A S SHAHUL HAMEED
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBD2767M
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	NOR LAILA BTE SARNAM
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBD2767M
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	


SKETCH PLAN

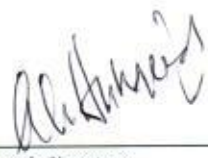
IMPORTANT NOTICE

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:

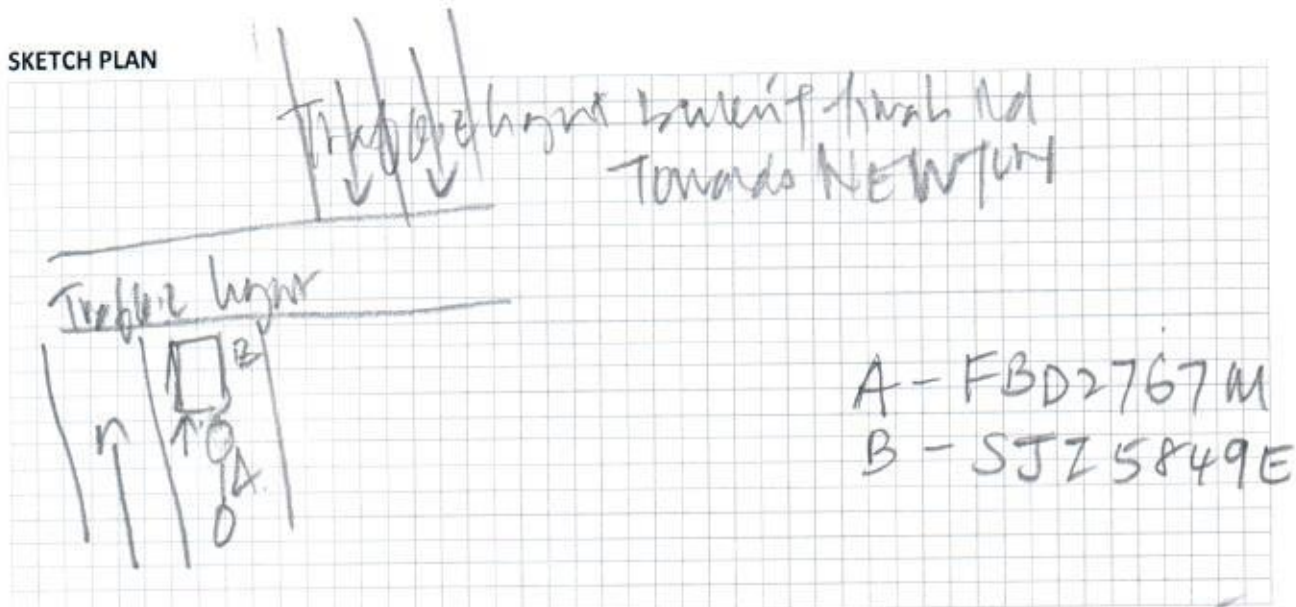
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

 24/2/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report

T/20180207/2180

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/20180207/2180

1 of 3

Police Station Of Origin:
Kampong Glam NPP
17A Beach Road SINGAPORE 199596
Tel No: 1800-2989999

Report No. T/20180207/2180

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/02/2018 20:22		Vide Report No.:		Station Diary No.: 53	
Informant's Particulars					
Name of Informant: MOHD ALI BIN A S SHAHUL HAMEED			Address: APT BLK 304 UBI AVENUE 1 #04-87 SINGAPORE 400304		
ID Type / ID No.: NRIC NO / S1465065B			Contact No.: Home/Office:		Mobile: 92229442
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 56	Date of Birth: 01/07/1961	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: Contractor			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 03/02/2018 08:30	Type of Location: Straight Road
Location: Along Road 1 BUKIT TIMAH ROAD				
At the traffic light of Bukit Timah Road Towards Newton				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD2767M	Motorcycle	YAMAHA	T135	White	Slightly Damaged	1
SJZ5849E	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBD2767M	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT17984886	07/08/2017	06/08/2018



**SINGAPORE
POLICE FORCE**



T/20180207/2180

2 of 3

Police Station Of Origin:
Kampong Glam NPP
17A Beach Road SINGAPORE 199596
Tel No: 1800-2989999

Report No. T/20180207/2180

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHD ALI BIN A S SHAHUL HAMEED	ID No.	S1465065B
Related Vehicle	FBD2767M (Motorcycle)	Contact No.	92229442
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Pillion			
Name	NOR LAILA BTE SARNAM	ID No.	S1488508J
Related Vehicle	FBD2767M (Motorcycle)	Contact No.	98250139
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	03/02/2018	Date Discharge	03/02/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 03/02/2018 at about 0830hrs, I was riding my motorbike along Bukit Timah Road and at that point of time I pillion my wife. We were riding towards Newton Circles and out of sudden, I noticed a vehicle ahead of me stop as the traffic light turns red. I was unable to brake on time and as such my motorbike collided at the rear of the vehicle in front of me. Due to the collision, my wife and I suffers slight injuries and my wife was conveyed to Tan tock Seng Hospital. The driver did not suffer any injury. That is all.



**SINGAPORE
POLICE FORCE**



T/20180207/2180

3 of 3

Police Station Of Origin:
Kampong Glam NPP
17A Beach Road SINGAPORE 199596
Tel No: 1800-2989999

Report No. T/20180207/2180

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 /

Sr Staff Sgt MUHAMMAD FADZLY BIN
KHRUDIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 2 MARIAH BINTE ZAKARIA

Contact No.: 65476433

Signature Of Informant:

Date/Time:

07/02/2018 20:22

Classification Of Case:

Authentication Stamp

NP168

**Transfer Of Vehicle Ownership (Acknowledgement)****Vehicle Details**

Vehicle No.:	FBD2767M	Vehicle Scheme:	Normal
Vehicle Type:	P00 - Passenger Motorcycle/Autocycle/Moped	Vehicle Model:	T135
Vehicle Make:	YAMAHA	Engine No.:	5YP009719
Chassis No.:	5YP009719	Trailer Chassis No.:	-
Motor No.:	-	Passenger Capacity:	1
Propellant:	Petrol	Power Rating:	-
Engine Capacity:	135 cc	Maximum Laden Weight:	-
Unladen Weight:	101 kg	Secondary Colour:	-
Primary Colour:	White	Maximum Power Output:	-
IU Label No.:	-	Original Registration Date:	09 Jan 2009
First Registration Date:	09 Jan 2009	Open Market Value:	\$1,697.00
Manufacturing Year:	2008	Minimum PARF Benefit:	\$0.00
PARF Eligibility:	No	Actual ARF Paid:	\$255.00
No. of Transfer:	3		

Owner Particulars

Owner Name: MOHD ALI BIN A S SHAHUL HAMEED

Owner ID Type: Singapore NRIC

Owner ID: S1465065B

Registered Address Type: HDB / HUDC

Registered Block/House No.: 304

Registered Street Name: UBI AVENUE 1

Registered Unit No.: # 04 - 87

Registered Building Name: -

Registered Postal Code: 400304

COE No./Expiry Date: 2009020106000174E / 08 Jan 2019

COE Bid Category: D - Motorcycle

QP Paid: \$1,000.00

Transaction Details

Business Transaction Ref. No.: 20170807142206397330

Business Transaction Date: 07 Aug 2017

Business Transaction Time: 14:22:06

Message

Vehicle has been successfully transferred to MOHD ALI BIN A S SHAHUL HAMEED (S1465065B).

Please note that \$11.00 will be deducted from your GIRO account.

OK

Save as PDF

Reported on 24/2/2018
@ 09.50 AM

ACCIDENT STATEMENT

ACCIDENT DATE: 3/2/2018 (DD/MM/YYYY), TIME: 08:30 AM (HH:MM)

LOCATION: Traffic light at Bukit Timah Rd Towards Newton.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBD 2767M
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

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 9222 9442
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) OWNER
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: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: BJZ 5849E MODEL: _____
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 =

fax =

Waiting for DL? ✓

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1465065B



Name

MOHD ALI BIN A S SHAHUL
HAMEED

Race

INDIAN

Date of birth

01-07-1961

Sex

M

Country of birth

SINGAPORE

4693717



NRIC No. S1465065B

Date of issue

26-02-2011

Address

APT BLK 304 UBI AVENUE 1
#04-87
SINGAPORE 400304

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S1465065B



MOHD ALI BIN A S SHAHUL
HAMEED

Birth Date: 01 Jul 1961

Issue Date: 05 Aug 2017



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

	EFFECTIVE DATE
Class 2B Motorcycles \leq 200 cc	18 Jan 1986
Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	15 Mar 2000

MOHD ALI
MO: S1465065B
TEL: 9222 9442
NETWORK COURIER



NP 428A



MSIG

W 697360

MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212G)
4 Shenton Way, # 21-01, SGX Centre2, 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/VNT/17-984886-WTT A0633-001/W0818

SUM INSURED : TPL
EXCESS : NIL

S1465065B

1. Index mark and Registration Number of Vehicle FBD2767M
YAMAHA 135 c.c.
2. Name of Policyholder MOHD ALI BIN A S SHAHUL HAMEED
3. Effective date of the Commencement of Insurance
for the purposes of the Act 0001AM 07/08/2017
4. Date of Expiry of Insurance 06/08/2018
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 25 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).

05/08/2017 (L)
T-CI-04(04/14)

WTT INSURANCE AGENCIES PTE LTD
Underwriting Agent
For MSIG Insurance (Singapore) Pte. Ltd.