

NATIONAL Assessment Centre Services

(wef: 1 Jan 2005)

Date In 23/03/2018 13:29	Job description	Date & Time Completed	Done by
Ref No NA/MSG18005437/K4	SAS e-filing		
Veh No FZ4066B	E-mail (within 8hrs, AIC 2hrs)		
D.O.A 22/03/2018 12:00	i-Motor Claim Form		
OD TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Vch No: XE2104K 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: (INC hotline: 6788 6616)	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

NA1801879	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments :-

Pat. 1:

Pat. 2 / 3:

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	23/03/2018 13:29
Date Of Accident	22/03/2018 12:00
Exact Location Of Accident	CLEMENTI AVENUE 6 / CLEMENTI LOOP U-TURN JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FZ4066B
Insured/Policyholder	
Name Of Registered Owner	SHAHUL HAMEED MYDEEN ABDUL KATHER
Passport No/FIN	G5331618U
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96412154
Alternative Phone No	OTHERS-96412154

Vehicle Particulars

Manufacturer	HONDA
Model	PHANTOM 200M
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
Fleet Policy	NO
Policy Number	MSD/VMT/17-986710-WTT
Cover Note Number	

Driver

Name of Driver	SHAHUL HAMEED MYDEEN ABDUL KATHER
Passport No/FIN	G5331618U
Date Of Birth	15/05/1985
Occupation	OUTDOOR
Date Of Driving Pass	05/12/2012
Driving Experience	5 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96412154
Fax Number	
Contact Number	OTHERS-96412154
EMail Address	NOEMAIL

Address	BLK 156 BEDOK STH AVE 3 #07-605 HDB-BEDOK
Postcode	460156
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180323/2071

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	XE2104K
Vehicle Make/Model/Colour	TRC7646L
Details Of Properties	
Vehicle Category	TANKER
Name of Driver	MOHAMMAD FAIZULI BIN SUPIAN
NRIC/Passport Number	S8307248B
Contact Number	81540019
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	SHAHUL HAMEED MYDEEN ABDUL KATHER
Approximate Age	
Injuries Sustain	SERIOUS
Injured person in which vehicle?	FZ4066B
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	


SKETCH PLAN

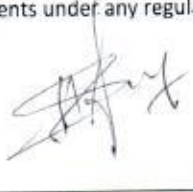
IMPORTANT NOTICE

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.

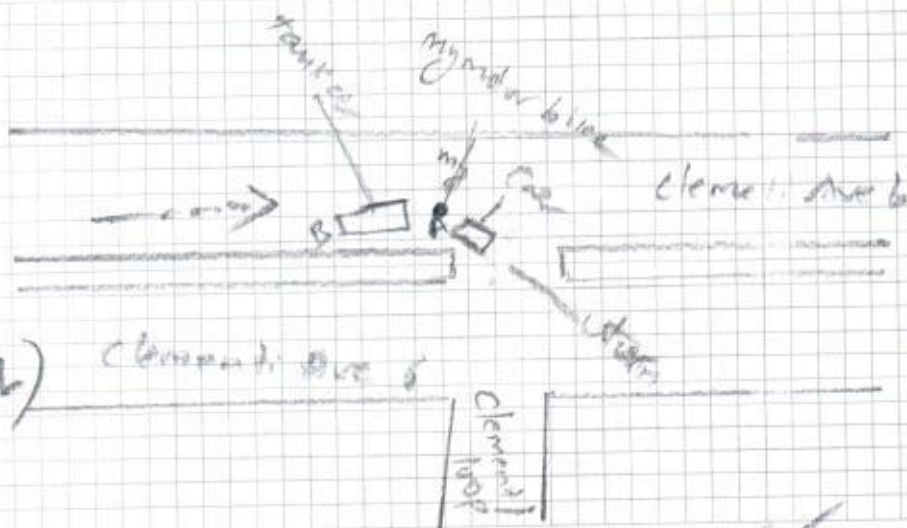

Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN

A-FZ4066B
B-XE2104K
(TRC7846L)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report -
T/20180323/2071

DECLARATION

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

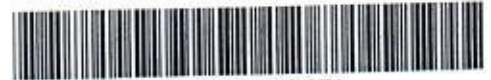
Policyholder's Signature
Date & Time:

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

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



SINGAPORE POLICE FORCE



T/20180323/2071

1 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180323/2071

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/03/2018 12:32		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SHAHUL HAMEED MYDEEN ABDUL KATHER			Address: APT BLK 156 BEDOK STH AVE 3 #07-605 HDB-BEDOK SINGAPORE 460156		
ID Type / ID No.: FIN NO / G5331618U			Contact No.:		Mobile: 96412154
Nationality: INDIAN			Email:		
Sex: Male	Age: 32	Date of Birth: 15/05/1985	Type of Informant: Rider		
Race: Indian			Language:		Institution / School Name:
Occupation: SENIOR BUSINESS DEVELOPMENT EXECUTIVE			Driving Licence Information: Class: 2B,3C		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/03/2018 12:00	Type of Location:
Location: Along Road 1 CLEMENTI AVENUE 6 CLEMENTI LOOP U-TURN JUNCTION				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FZ4066B	Motorcycle	HONDA	PHANTOM 200M	Black	Seriously Damaged	0
XE2104K	TANKER	D.A.F.	FT CF85.410 WB3600			0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FZ4066B	MSIG INSURANCE (SINGAPORE) PTE. LTD.	60765401	23/09/2017	22/09/2018



SINGAPORE POLICE FORCE



T/20180323/2071

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Report No. T/20180323/2071

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SHAHUL HAMEED MYDEEN ABDUL KATHER	ID No.	G5331618U
Related Vehicle	FZ4066B (Motorcycle)	Contact No.	96412154
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3C Date of Expiry: NIL
Date Treatment	22/03/2018	Date Discharge	22/03/2018
No. of Days granted Medical Leave	04	Degree of Injury	Serious
Driver			
Name	MOHAMMAD FAIZULI BIN SUPIAN	ID No.	S8307248B
Related Vehicle	XE2104K (TANKER)	Contact No.	81540019
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

22/03/2018 at about 1200 hrs , I was traveling Ave 6 wanting to make a U-turn at Clementi Loop and turning right towards Clementi Ave 6. I was stationary between 2 vehicle , in front of me there is an unknown car who also wanted to make a U-turn and a tanker behind me bearing "XE2104K" , when i was about to move off and switched to gear 1, he was bumping onto me already and i shouted him to stop but he never stopped he almost tried to kill me. He pushed me 2-3 meters from my spot and the bike fell on me and i pushed away the bike and escaped. The police and the ambulance also came the ambulance give me a first aid and i told the amulance i go to hospital myself for the full checkup. there was another plate number the tanker have : TRC7646L



**SINGAPORE
POLICE FORCE**



T/20180323/2071

3 of 3

Report No. T/20180323/2071

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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:
TP /
SEBASTIAN NG JING PEI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt SHAHRUL NIZAM BIN SAMARRI
Contact No.: 65476904

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
23/03/2018 12:32

Classification Of Case:

SINGAPORE
POLICE FORCE

S PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
SYSTEMS TECHNOLOGY PRIVATE LIMITED

Sector: **SERVICE**

Name
SHAHUL HAMEED MYDEEN ABDUL KATHER

Occupation
SENIOR BUSINESS DEVELOPMENT EXECUTIVE

S Pass No.
0 35719326

Date of Application
12-04-2017

Date of Issue
05-05-2017

Date of Expiry
01-08-2020

 **L7897580**

VISIT PASS
Immigration Regulations

Name
SHAHUL HAMEED MYDEEN ABDUL KATHER

Date of Birth
15-05-1985

Sex
M

Nationality
INDIAN

FIN
G5331618U

Date of Issue
05-05-2017

Date of Expiry
01-08-2020

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number
G5331618U

Name
SHAHUL HAMEED MYDEEN ABDUL KATHER

Birth Date
15 May 1985

Issue Date
24 Oct 2017

Valid Till
04/12/2022

 **002730494C**

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

	EFFECTIVE DATE
Class 2B Motorcycles =< 200 cc	05 Dec 2012
Class 3C Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver	24 Oct 2017

NP 428A





W 699445
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/17-986710-WTT A0633-001/W0857

SCM INSURED : TPL
EXCESS : NIL

G5331618U
FZ4066B

1. If mark and Registration Number of Vehicle **HONDA PHANTOM** 197 c.c.
2. Name of Policyholder **SHAHUL HAMEED NYDEEN ABDUL KATHER**
3. Effective date of the Commencement of Insurance
for the purposes of the Act **1554PM 23/09/2017**
4. Date of Expiry of Insurance **22/09/2018**
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. **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).

Repl CN: 60765401
14/10/2017 (T)
WTT-CB-04(04/14)

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