

NATIONAL Assessment Centre Services

[Ref: 1-2-402]

Date In: 24/03/18	Job description	Date & Time Completed	Done by
Ref No: NA/MSG18005502/13	SAS e-filing		
Veh No: FR852S	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 15/03/18 0650	i-Motor Claim Form		
OD: (TR) 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: (MO70 51)	Tel:	Fax:
TP Particulars:	Veh No: GBB945P	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

NA1801880	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) 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) FT: 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:-		
QC Checked by (Engr-In-Charge):	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
Auditors' Comments :-	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Cat. 1:	TP (N11): TP (Non INC) against INC \$20		
Cat. 2 / 3:	9) N12: Idac Mobile 30		
	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	24/03/2018 11:19
Date Of Accident	15/03/2018 06:50
Exact Location Of Accident	CLEMENTI RD TWDS WEST COAST HIGHWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FR852S
Insured/Policyholder	
Name Of Registered Owner	MOHAMAD RAIS BIN ISMAIL
NRIC No	S9207261D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87490092
Alternative Phone No	OTHERS-87490092

Vehicle Particulars

Manufacturer	YAMAHA
Model	RXZ
Exact Purpose for which vehicle was being used at time of accident	WORKING
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/17-987239-WTT
Cover Note Number	

Driver

Name of Driver	MOHAMAD RAIS BIN ISMAIL
NRIC No	S9207261D
Date Of Birth	03/03/1992
Occupation	INDOOR
Date Of Driving Pass	25/09/2017
Driving Experience	0 YEAR AND 5 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87490092
Fax Number	
Contact Number	OTHERS-87490092
Email Address	NOEMAIL

Address	BLK 186 BOON LAY AVE #21-120
Postcode	640186
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	COLLIDED INTO PARKED VEHICLE
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?	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	CHOA CHU KANG NPC
Police Station Address	ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180315/2053

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	GBB945P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SBS3374C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category BUS

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 MOHAMAD RAIS BIN ISMAIL

Approximate Age

Injuries Sustain SERIOUS

Injured person in which vehicle? FR852S

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:

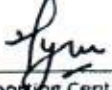
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the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

 24/03/18

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

B - GBB 945P

C-5BS3374C

CLEMENTI ROAD

[illegible]

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

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

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



SINGAPORE POLICE FORCE



T/20180315/2053

2 of 3

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20180315/2053

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Rider			
Name	MOHAMAD RAIS BIN ISMAIL	ID No.	S9207261D
Related Vehicle	FR852S (Motorcycle)	Contact No.	87490092
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	15/03/2018	Date Discharge	15/03/2018
No. of Days granted Medical Leave	04	Degree of Injury	Serious

Brief Details.

On 15/03/18 at about 0650hrs, my company lorry and my motorcycle FR852S was parked along Clementi Road. I was informing my supervisor that I will be heading to west coast pier when a SBS Bus bearing this plate number SBS3374C hit right rear of my company lorry causing my company lorry to move forward and hit on the rear of my motorcycle. At that point of time, I was on my motorcycle going to move off. Due to the impact, I fell from my bike and injured myself. Motorcycle was damaged. Shortly ambulance and traffic police came to the accident location I was conveyed by ambulance to National university hospital. I was treated outpatient and given 4 days of Medical leave. I cannot recall my company plate number; I also doesn't have the police report number. I'm lodging this report for insurance claim and traffic report investigation.



SINGAPORE POLICE FORCE



T/20180315/2053

1 of 3

Report No. T/20180315/2053

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

20. Norashikan
647 6439

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/03/2018 12:15		Vide Report No.:		Station Diary No.: 52	
Informant's Particulars					
Name of Informant: MOHAMAD RAIS BIN ISMAIL			Address: APT BLK 186 BOON LAY AVENUE #21-120 SINGAPORE 640186		
ID Type / ID No.: NRIC NO / S9207261D			Contact No.: Home/Office: Mobile: 87490092		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 26	Date of Birth: 03/03/1992	Type of Informant: Rider		
Race: Boyanese			Language: English		Institution / School Name:
Occupation: COMMERCIAL DIVER			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 15/03/2018 06:50	Type of Location: Straight Road
Location: Along Road 1 CLEMENTI ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FR852S	Motorcycle	YAMAHA	RXZ	Silver	Slightly Damaged	0
SBS3374C	Bus/Coach/Mi nibus	VOLVO	B9TL	Multi-Colored	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FR852S	MSIG INSURANCE (SINGAPORE) PTE. LTD.	60765780	26/09/2017	25/09/2018



**SINGAPORE
POLICE FORCE**



T/20180315/2053

3 of 3

Report No. T/20180315/2053

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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:

J /

Sgt 2 LIM CEHANG HERMAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI NG CHWEE THENG

Contact No.: 65476397



Signature:

Signature Of Informant:

Date/Time:

15/03/2018 12:15

Classification Of Case:

Authentication Stamp

NP168

Singapore Police Force

Vehicle No.	P 28525	Model / Make	YAMAHA RXZ
Date of Accident	15/03/18		
Time of Accident	0650	HRS	
Location of Accident	CLEMENT ROAD REMAINS WEST COAST HIGHWAY		
Exact purpose use during accident	WORKING HOUR		
Name of Owner	MOHAMAD RAIS BIN ISMAIL		
Telephone No.	H/P : 87490092	Home :	Office :
NRIC	S 9207261 D		
Address	BLK 192 BOON LAY AVENUE #21-120 S(640186)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	MSL		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	60765780		
Name of Driver	As Above If No,		
NRIC		Any Passengers :	NIL
Date of birth			
Occupation	Outdoor / Indoor		
Driving License Pass Date	25 SEP 2017		
Gender	Male / Female		
Contact No.	H/P :	Home :	Office :
Address			
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee, If no, state		OWNER
Weather condition	Clear Raining Other		
Road Surface	Dry Wet Other		
Any Injuries	No, If Yes, Who?		
Name And Contact No.	MOHAMAD RAIS BIN ISMAIL 87490092		
Name And Contact No.			
Police Report	No, If Yes, Where?		CHOA CHU KANG NPC
Vehicle B No.	SBS 3374C	Any Passengers :	
Name of Driver		Contact No. :	
Vehicle C No.	GBB 945 P	Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	RIGHT REAR / FALL ON THE LEFT		
Camera Recorder	Yes / No		
Email Address			
PARTICULAR WORKSHOP	MOTOSI PRE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales @ n51.com.sg		

REPUBLIC OF SINGAPORE
 ENTITY CARD NO. S9207261D



Name
 MOHAMAD RAIS BIN ISMAIL

Race
 BOYANENE

Date of birth
 03-03-1992

Sex
 M

Country of birth
 SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licensed Number S9207261D

Name
 MOHAMAD RAIS BIN ISMAIL

Birth Date: 03 Mar 1992

Issue Date: 03 Nov 2017





NRIC No. S9207261D



Date of issue
 14-03-2007

ART BLK 186 BOON LAY AVENUE #21-1201
 SINGAPORE 640186

NRIC No: S9207261D Date: 18/01/2011 No: 6716283

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

	EFFECTIVE DATE
Class 2B Motorcycles \leq 200 cc	25 Sep 2017
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	14 Nov 2013
Class 4 Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg	06 Oct 2015
Motor vehicles which are not constructed to carry load or passengers and the unladen weight \leq 7250kg	



NP 428A



W700050
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/17-987239-WTT A0633-001/W0816

SUM INSURED : TPL
EXCESS : NIL

S9207261D

1. Index mark and Registration Number of Vehicle

PR852S

YAMAHA RXZ

133 c.c.

2. Name of Policyholder

MOHAMAD RAIS BIN ISMAIL

3. Effective date of the Commencement of Insurance

for the purposes of the Act

1403PM 26/09/2017

4. Date of Expiry of Insurance

25/09/2018

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. 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).

Repl CN: 60765780

06/11/2017 (L)

WTT-CI-04(04/14)

WTT INSURANCE AGENCIES PTE LTD

Underwriting Agent

For MSIG Insurance (Singapore) Pte. Ltd.