

**NATIONAL Assessment Centre Services** [wef 1 Jan'05] **MNA11804251**

Date In: 27/3/18-12:23	Job description	Date & Time Completed	Done by
Ref No: NA/MSG18005651/24	SAS e-filing		
Veh No: FV69702	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 22/3/18-09:05	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: Yeh No: **SDJ 325 YA** 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:	(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

Claimant's Particulars :-	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
		for Bill	Add. Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
Cat. 1:	8) NTUC Additional Services:-		
	9) N12: Idac Mobile 30		
Cat. 2 / 3:	*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		
	Fee Charged		
	Invoice dated		
	Fee Charged		
	Invoice dated		

### 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	27/03/2018 12:23
Date Of Accident	22/03/2018 09:05
Exact Location Of Accident	SLIP RD BUANGKOK VIEW TWDS BUANGKOK GREEN
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FV6970Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMAD YUSUF BIN ISHAK
NRIC No	S9602195Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93834425
Alternative Phone No	OFFICE-93834425

#### Vehicle Particulars

Manufacturer	KAWASAKI
Model	KRRZX150
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/17-983145-WTT
Cover Note Number	

#### Driver

Name of Driver	MUHAMAD YUSUF BIN ISHAK
NRIC No	S9602195Z
Date Of Birth	17/01/1996
Occupation	INDOOR
Date Of Driving Pass	16/03/2016
Driving Experience	2 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93834425
Fax Number	
Contact Number	OFFICE-93834425
EEmail Address	NOEMAIL

Address	BLK 545 BEDOK NORTH STREET 3 #10-1380
Postcode	460545
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	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG SLIP RD BUANGKOK VIEW TWDS BUANGKOK GREEN. WHEN I APPROACHED THE SLIP RD, I HAVE TO CHECK THE INCOMING VEHICLE ALONG THE MAIN RD. I DID NOT NOTICED THAT VEHICLE B WAS INFRONT OF MY VEHICLE. IN A RESULT, I HIT ONTO VEHICLE B REAR PORTION.

#### 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	SDJ3254A
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)	1

## 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.:



**SINGAPORE ARMED FORCES**  
**IDENTITY CARD**

Name  
**MUHAMAD YUSUF BIN ISHAK**

NRIC No  
**S9602195Z**



This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Manpower Base or any Police Station.

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Licence Number **S9602195Z**

Name  
**MUHAMAD YUSUF BIN ISHAK**

Birth Date: **17 Jan 1996**  
Issue Date: **16 Mar 2016**



002547983G

00000000255000

NRIC No / Colour  
**S9602195Z/ PINK**

Race  
**MALAY**

Date Of Birth  
**17/01/1996**

Service Status  
**NSF**

Address  
**Bik 545 BEDOK NORTH STREET 3  
#10-1380 SINGAPORE 460545**

Blood Group  
**A (+)**

Country Of Birth  
**SINGAPORE**

Military Rank Status  
**ENLISTEE**

Sex  
**M**



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

		EFFECTIVE DATE	
C	Class 2B	Motorcycles $\leq$ 200 CC	16 Mar 2016
	Class 2A	Motorcycles between 201 CC and 400 CC	16 Mar 2017
	Class 3	Motor cars $\leq$ 3600 kg with $\leq$ 7 passengers, exclusive of the driver; and motor tractors/vehicles $\leq$ 1500 kg	05 Mar 2016

S / No. 9000305712

S9602195Z

NP 426A

Licence No: S9602195Z





**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 6827 7800  
www.msig.com.sg

**MOTORCYCLE INSURANCE SCHEDULE**

DATE OF ISSUE: 10/06/2017

AGENCY: A0633-001-W0872  
WTT Insurance Agencies Pte Ltd

POLICY NO: MSD/VMT/17-983145-W11

**INSURED:**

NAME: MUHAMAD YUSUF BIN ISHAK  
ADDRESS: BLK 545 BEDOK NORTH ST 3  
#10-1380  
S460545

NRIC NO: S9602195Z  
DATE OF BIRTH: 17/01/1996 (21 yrs)  
DRIVING EXP: 16/03/2016 (1 yr)  
CONTACT NO:

BUSINESS OR PROFESSION: NSF

PERIOD OF INSURANCE FROM: 19/05/2017 TO 18/05/2018  
11:41AM

REGISTRATION NUMBER: FV6970Z

CUBIC CAPACITY: 148

MAKE OF VEHICLE: KAWASAKI

YEAR OF REGISTRATION: 2002

INSURED ESTIMATE OF VALUE: TPL

SEATING CAPACITY: 2

**AUTHORISED DRIVERS:**

The Insured Only

ENDORSEMENTS APPLICABLE: 3P PA INSURED MEMO MCFM

EXCESS:

PREMIUM: 330.00

GST @ 7% 23.10

TOTAL: 353.10

NO CLAIM BONUS OF 0% IS ALLOWED

NAME OF EMPLOYER AND/OR  
HIRE PURCHASE OWNER: H L CYCLE PTE LTD

MSIG Insurance (Singapore) Pte. Ltd.

**Sanction Limitation and Exclusion Clause**

No Insurer shall be deemed to provide cover and no Insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that Insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or United Kingdom or United States of America.

Approved Insurers