

Date In: 27/03/2018 13:35	Job description	Date & Time Completed	Done by
Ref No: NBA/1801/005668/Y	SAS e-illing		
Yell No: FBA 4143K	E-mail (with date, time)		
D.O.A: 27/03/2018 07:50	Motor Claim Form		
OD: TP / Reporting Only	Motor W/O (with date, time)		
	Photo Uploaded		
TP Insure:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/VHSP		

Preferred Wksp / INC Assign Wksp / OW: Toll Fax

TP Particulars: Yell No: **FBA 4143K** INC () / Non-INC ()

Owner / Driver: Toll

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % (Note: BSL Status (WO): N: 0-20%; P: 21-79%; P: 80-100%)

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Rem: ()

() Walk-in Customer | Customer's information strictly Confidential & Strictly NO refer of repeller.

() 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	Action

Checked by (Bngt-In-Charge):	Invoice Preparation (GRD)	Bill	Warranty
NA1801954	1) ARI Accident Reporting (330)		
	2) DA: Damage Assessment (3100)	INC (350)	
	3) TP: Towing Fee	\$4014	
	4) PT: Follow Through Survey	\$150	
	5) PT: Follow Through Survey (Resurvey)	\$120	
	Permit/Photo upload INC Only (w/ 10 Jan 2018)		
	6) TR: Post Inspection	\$25	
	7) NTUC: DA + SMRT Survey	\$160	
	8) NTUC Additional Services		
	9) Q11		
10) NI: Courtesy Car / Tpl Allowance	\$1		
11) NI: Repair Coordination	\$10		
12) NI: Post Repair Inspection	\$25		
13) NI: DY / Collision/Event Coordination	\$25		
14) TZ (M1): TP (Non-INC) against INC	\$20		
15) NI: Rent Mobile	\$10		
	Invoice total	Net Charge	
	Invoice Paid	Net Charge	

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 willful 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 13:35
Date Of Accident	27/03/2018 07:50
Exact Location Of Accident	PIE TOWARDS TUAS BEFORE EUNOS EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH4889K
Insured/Policyholder	
Name Of Registered Owner	NURHAFIZAH BINTE MOHD ZIN
NRIC No	S8713034G
Email Address	NUR.FIZ87@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97924980
Alternative Phone No	OFFICE-97924980

Vehicle Particulars

Manufacturer	BAJAJ
Model	PULSAR 200 NS-200CC
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO WORK
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/17-365998-CA
Cover Note Number	

Driver

Name of Driver	NURHAFIZAH BINTE MOHD ZIN
NRIC No	S8713034G
Date Of Birth	25/04/1987
Occupation	INDOOR
Date Of Driving Pass	17/07/2008
Driving Experience	9 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97924980
Fax Number	
Contact Number	OFFICE-97924980
EMail Address	NUR.FIZ87@GMAIL.COM

Address	BLK 202 TAMPINES STREET 21 #11-1251
Postcode	520202
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	3
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	FBA4143R
Vehicle Make/Model/Colour	HONDA WAVE
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	TAM CHAN TEI
NRIC/Passport Number	G6504783M
Contact Number	92797764
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKS5026M
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Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LAM POH YEE
NRIC/Passport Number	S8470107F
Contact Number	94875505
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

SKETCH PLAN

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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)**

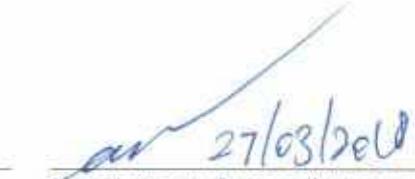
I understand, acknowledge, agree and consent that:

- (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: 27/3/18

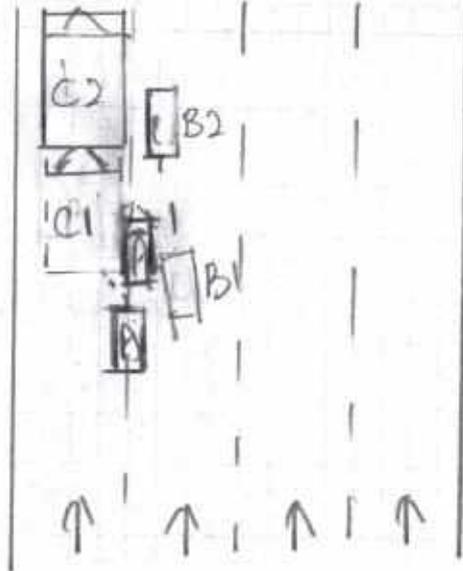
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN

Pite Lombardas War Blf Kamos Exit.



- A) FBH 4889K
- B) FBA 4143R
- C) SKS 5026M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was riding straight in between lane 1 and 2 at a slow speed of 30-40km/h.

on my left

A bike swerved in right in front of me and I skidded and lost balance while trying to brake.

Simultaneously, I hit the car on my right, causing my bike to slide and broke the handle brake, arm guard bent, and right side mirror broken.

including me

The three parties had spoken and the rider agreed to pay for the damages of the bike.

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time: 27/3/18

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

[Signature] 27/03/2018
Reporting Centre Personnel's Signature
Name: *[Signature]*
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 27/03/2018 (DD/MM/YYYY), TIME: 07:50 (HH:MM)

LOCATION: Before Euro exit at PIE to Tuas

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBH 4889K
- b) INSURANCE COMPANY: MSIG
- c) POLICY NUMBER: MSD/VM87-17-36599-CA
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: BAJAJ PULSAR 200NS
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL ON 2 way to work
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: NURHAFIZAH BINTE MAHD ZIN (MALE FEMALE 97924980)
- b) NRIC/FIN/PASSPORT: S8713034G CONTACT: _____
- c) ADDRESS: BLK 202 TAMPINES STREET 21 #11-125
S520202

* CONTINUE TO 3.8 IF DRIVER ALSO POLICY HOLDER

No of passenger
(including driver)
(1)

- DRIVER
- a) NAME: SAME AS ABOVE (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
- c) ADDRESS: _____

d) DATE OF BIRTH: 25/04/1987 (DD/MM/YYYY)

e) OCCUPATION: (DOOR) OUTDOOR

f) DATE OF DRIVING PASS: 17 JULY 2008

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) NO
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) NO

7. a) REPORTED TO POLICE (YES/NO) NO
IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

No of passenger
(including driver)
(2)

- a) VEHICLE NUMBER: SKS5026M MODEL: MERCEDES
- b) DRIVER'S NAME: LAM POH YEE
- c) NRIC/FIN/PASSPORT: S8470107F CONTACT: 94875505

9. THIRD PARTY VEHICLE

No of passenger
(including driver)
(1)

- a) VEHICLE NUMBER: FBA 4143R MODEL: HONDA WAVE
- b) DRIVER'S NAME: TAM CHAN TEI
- c) NRIC/FIN/PASSPORT: G6504783M CONTACT: 92793764

email = nur.fiz87@gmail.com

fax =

video

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8713034G



Name

NURHAFIZAH BINTE MOHD ZIN

نورحليظة بنت محمد زين

Race

MALAY

Date of birth

25-04-1987

Sex

F

Country/Place of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S8713034G
Name: NURHAFIZAH BINTE MOHD ZIN

Birth Date: 25 Apr 1987
Issue Date: 17 Jul 2008

001627577A

S857504



NRIC No: S8713034G



Date of issue

23-01-2018

Address

APT BLK 202 TAMPINES STREET 21
#11-1251
SINGAPORE 520202

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

Class 2B	Motorcycles <= 200 CC	17 Jul 2008
Class 2A	Motorcycles between 201 CC and 400 CC	19 Oct 2015
Class 2	Motorcycles > 400 CC	19 Apr 2017
Class 3	Motor cars <= 3500 kg with <= 7 passengers, exclusive of the driver; and motor tractor/vehicles <= 2500 kg	06 Dec 2012

S / No. 9000239398

S8713034G

NP 420A

License No: S8713034G

