

# NATIONAL Assessment Centre Services (NCS) NA 418041563

Date In: <b>27/03/2018</b> 19:04	Job description	Date & Time Completed	Done by
Ref No: <b>NA8018041563</b>	SAS e-illing		
Veh No: <b>FBH 7642K</b>	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: <b>24/03/2018</b> 19:40	1-Motor Claim Form		
OD / TP V Reporting Only	1-Motor W/O (within 2hrs, TP 2hrs)		
	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whsp		

Preferred Wksp / INC Assign Wksp / QW:		Tell:	Fax:
TP Particulars	Veh No: <b>GBE 6542M</b>	INC ( ) / Non-INC ( )	
Owner / Drivers:		Tell:	
Policy No: ( )	Period: ( )	Cover Type: ( )	
Confirmed by: ( )	Date:	Time:	
Insured/Driver Liability: ( )	%(Note: Est. Status (WO): NI 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 & Sundry NO refer of repeller.	
( ) Total Loss Case: to e-mail Insurer URGENTLY.	
Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )	

Remarks	INC Ref No: <b>6788 0016</b>	Date & Time Completed	Done by
1) Apply for Transition Allowance ( ) / Courtesy Car ( )			
2) QC Check / Post Repair Inspection ( )			
3) Upload Recovery Photo (Repair Cost > \$3000) ( )			

Injury:	
Date Time Action	

<b>NA1801950</b> Insured/Owner: Policy No: Damaged Portion: Checked by (Engr-In-Charge): ( ) ( ) Community: L1: L2:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">Invoice Preparation Checklist</th> <th>Amount</th> <th>Unit</th> </tr> <tr> <td>1) AR: Accident Reporting (\$20)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2) DA: Damage Assessment (\$100)</td> <td>INC (\$50)</td> <td></td> <td></td> </tr> <tr> <td>3) TP: Towing Fee</td> <td></td> <td>\$40/\$12</td> <td></td> </tr> <tr> <td>4) FT: Follow-Through Survey</td> <td></td> <td>\$120</td> <td></td> </tr> <tr> <td>5) FT: Follow-Through Survey (Recovery)</td> <td></td> <td>\$120</td> <td></td> </tr> <tr> <td colspan="4">Forstlimine against INC Only (w/ 10 Jan 2018)</td> </tr> <tr> <td>6) TR: Re-inspection</td> <td></td> <td>\$12</td> <td></td> </tr> <tr> <td>7) NI: (4x) DA + SMRT Survey</td> <td></td> <td>\$160</td> <td></td> </tr> <tr> <td>8) NTUC Additional Services</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4">Q11:</td> </tr> <tr> <td>NI: Courtesy Car / Tpl Allowance</td> <td></td> <td>\$3</td> <td></td> </tr> <tr> <td>NI: Repair Coordination</td> <td></td> <td>\$10</td> <td></td> </tr> <tr> <td>NI: Post Repair Inspection</td> <td></td> <td>\$12</td> <td></td> </tr> <tr> <td>NI: DV / Collision Under Coordination</td> <td></td> <td>\$3</td> <td></td> </tr> <tr> <td>TR (NI) / TP (NI) INC: central INC</td> <td></td> <td>\$10</td> <td></td> </tr> <tr> <td>NI: Other Details</td> <td></td> <td>10</td> <td></td> </tr> <tr> <td>Invoice dated</td> <td colspan="3">Not Charged</td> </tr> <tr> <td>Invoice No:</td> <td colspan="3">View Charges</td> </tr> </table>	Invoice Preparation Checklist		Amount	Unit	1) AR: Accident Reporting (\$20)				2) DA: Damage Assessment (\$100)	INC (\$50)			3) TP: Towing Fee		\$40/\$12		4) FT: Follow-Through Survey		\$120		5) FT: Follow-Through Survey (Recovery)		\$120		Forstlimine against INC Only (w/ 10 Jan 2018)				6) TR: Re-inspection		\$12		7) NI: (4x) DA + SMRT Survey		\$160		8) NTUC Additional Services				Q11:				NI: Courtesy Car / Tpl Allowance		\$3		NI: Repair Coordination		\$10		NI: Post Repair Inspection		\$12		NI: DV / Collision Under Coordination		\$3		TR (NI) / TP (NI) INC: central INC		\$10		NI: Other Details		10		Invoice dated	Not Charged			Invoice No:	View Charges		
Invoice Preparation Checklist		Amount	Unit																																																																										
1) AR: Accident Reporting (\$20)																																																																													
2) DA: Damage Assessment (\$100)	INC (\$50)																																																																												
3) TP: Towing Fee		\$40/\$12																																																																											
4) FT: Follow-Through Survey		\$120																																																																											
5) FT: Follow-Through Survey (Recovery)		\$120																																																																											
Forstlimine against INC Only (w/ 10 Jan 2018)																																																																													
6) TR: Re-inspection		\$12																																																																											
7) NI: (4x) DA + SMRT Survey		\$160																																																																											
8) NTUC Additional Services																																																																													
Q11:																																																																													
NI: Courtesy Car / Tpl Allowance		\$3																																																																											
NI: Repair Coordination		\$10																																																																											
NI: Post Repair Inspection		\$12																																																																											
NI: DV / Collision Under Coordination		\$3																																																																											
TR (NI) / TP (NI) INC: central INC		\$10																																																																											
NI: Other Details		10																																																																											
Invoice dated	Not Charged																																																																												
Invoice No:	View Charges																																																																												

## 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 19:04
Date Of Accident	24/03/2018 19:40
Exact Location Of Accident	JUNCTION OF CHOA CHU KANG RD TOWARDS BT PANJANG
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH7642K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOHAMED SATHIK FARLUDEEN
Passport No/FIN	G6315178K
Email Address	FARLU904@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82651651
Alternative Phone No	OTHERS-82651651

### Vehicle Particulars

Manufacturer	BAJAJ
Model	PULSAR-180CC DTS-I (M)
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY HOME
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	
Cover Note Number	72033500

### Driver

Name of Driver	MOHAMED SATHIK FARLUDEEN
Passport No/FIN	G6315178K
Date Of Birth	09/08/1986
Occupation	INDOOR
Date Of Driving Pass	11/02/2011
Driving Experience	7 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82651651
Fax Number	
Contact Number	OTHERS-82651651
EMail Address	FARLU904@GMAIL.COM



Address	BLK 616 SENJA ROAD #08-62
Postcode	670616
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	3
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	BUKIT PANJANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 42 FAJAR ROAD , POSTCODE: 679005 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8929999 - FAX NO: 67673650
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	GBE6542M
Vehicle Make/Model/Colour	NISSAN NV200
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	SGK7277G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG CHOON CHUAN
NRIC/Passport Number	S7237277H
Contact Number	96825252
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name	MOHAMED SATHIK FARLUDEEN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBH7642K
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
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: *Resh W*  
NRIC/FIN No.:



A hand-drawn map on grid paper showing a road intersection. A main road runs diagonally from the bottom-left to the top-right. A side road, labeled 'BUKIT PANJANG RD' with an arrow pointing right, branches off to the right from the main road. Another side road, labeled 'UPPER BUKIT TIMAH RD' with an arrow pointing down, branches off to the right from the main road. A third side road, labeled 'MOUNTAIN RD' with an arrow pointing up, branches off to the left from the main road. Two points are marked on the main road: point 'A' is further up the road, and point 'B' is further down. Arrows point from these points to labels: 'A' points to 'UBE 6542M' and 'CAGA CHU KAI RD'; 'B' points to 'SHK 7277h' and 'FBH 7642K'. There are also several arrows indicating directions of travel on the roads.

CAR A WAS TURNING RIGHT LANE ITS  
COMING TO WRONG (OPPOSITE) SIDE HIT THE  
CAR B. SO CAR B SUDDENLY STOP CAR C  
HIT CAR B BEHIND.

CAR A GRE6542M  
CAR B SGK7277H  
CAR C FBH7642K

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

*[Signature]* 27/03/18

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

can 27/03/2018  
Reporting Centre Personnel's Signature  
Name: Resli W. W. W.  
NRIC/FIN No.:

CONFIDENTIAL



**NOTICE OF COMPLIANCE**

1. This is to inform that Mohamed Sathik Farludeen FIN G6315178K, HP 82651651 residing at Blk 616 Senja Road #08-62 has report to the Police a non-injury traffic accident which occurred at Junction of Choa Chu Kang Road towards Bukit Panjang Road on 24/03/2018 at 1940hrs involving the following vehicles:

- I FBH7642K (Black, Bajaj Pulsar 180)
- II GBE6542M (Silver, Nissan NV200)

2. If the accident was reported to Police within 24 hours of its accident occurrence, He/she therefore has complied with Sec 84(2) of the Road Traffic Act, 276

Rank/Name of Issuing Officer : SGT 3 Nur Sabrina

Date : 24/03/2018

S/D Ref : 88

Police Post/ Unit : Bukit Panjang NPC

Original - To issue to informant  
Duplicate - To be retained at NPC or Police Post

  
**Bukit Panjang NPC**  
1 Segar Road #01-05  
Singapore 677738  
Tel : 6392 9999

CONFIDENTIAL

# ACCIDENT STATEMENT

ACCIDENT DATE: 24/03/2018 (DD/MM/YYYY), TIME: 19:40 (HH:MM)

LOCATION: JUNCTION OF CHOA CHU KANG ROAD

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBH 7642K  
 b) INSURANCE COMPANY: MSIG  
 c) POLICY NUMBER: 72033500  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: PULSAR 180  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: 19:40  
 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: MOHAMED SATHIK FARLUDEEN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: N2046483 CONTACT: 82651651  
 c) ADDRESS: BUKIT PANJANG 5670016

\* CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER

# No of passenger  
(Including driver)  
(1)

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

d) DATE OF BIRTH: 09/08/1986 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: \_\_\_\_\_

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: B7. Panjangan

## 8. THIRD PARTY VEHICLE

# No of passenger  
(Including driver)  
( )

- a) VEHICLE NUMBER: FBH7642K MODEL: PULSAR 180  
 b) DRIVER'S NAME: MOHAMED SATHIK FARLUDEEN  
 c) NRIC/FIN/PASSPORT: N2046483 CONTACT: 82651651

## 9. THIRD PARTY VEHICLE

# No of passenger  
(Including driver)  
( )

- a) VEHICLE NUMBER: SGK 72776 MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: ONG CHUAN CHUAN  
 c) NRIC/FIN/PASSPORT: 57237277H CONTACT: 96825252

10)

98K 6542 M. NISSAN MV 200

Email: farlu904@gmail.com

Fax: \_\_\_\_\_

Video \_\_\_\_\_



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

Employer:  
**MODERNWOOD PTE. LTD.**

Sector: **CONSTRUCTION**

Name:  
**MOHAMED SATHIK FARLUDEEN**

Occupation:  
**SALES COORDINATOR**

S Pass No.:  
**0 34903832**

Date of Application:  
**21-12-2016**

Date of Issue:  
**22-02-2017**

Date of Expiry:  
**22-02-2019**

 **L7671792**

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

Licensee's Full Name: **G6315178K**

Name:  
**MOHAMED SATHIK FARLUDEEN**

Birth Date: **09 Aug 1986**

Issue Date: **28 Jan 2016**

Valid Till: **10/02/2021**

 **002523118J**

**VISIT PASS**  
Immigration Regulations

Name:  
**MOHAMED SATHIK FARLUDEEN**



Date of Birth: **09-08-1986** Sex: **M** Nationality: **INDIAN**

Pin: **G6315178K** Date of Issue: **22-02-2017** Date of Expiry: **22-02-2019**

**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.**



**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES**

**EFFECTIVE DATE**  
11 Feb 2011  
24 Jul 2017

C	Class 2B	Motorcycles <= 200 CC
C	Class 3	Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg
31		
C1		

**G6315178K**

**S / No. 9000269313**

**NP 428A**

 **Licensee No: G6315178K**

**MSIG**

MSIG Insurance (Singapore) Pte. Ltd. (Co Reg No. 2004122125)  
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807  
Tel +65 6827 7888, Fax +65 6827 7800  
www.msig.com.sg

For any enquiries, please call the Underwriting agent : Commercial Agency Pte Ltd  
23 Kelantan Lane #02-01/02 Kim Hoe Centre Singapore 208642 Tel : 63373133

## MOTOR CYCLE COVER NOTE

(Strictly for Motor Cycle Insurance)

MSCN No : 72033500

Agency : A0074-001-10225

Name : MOHAMED SATHIK FARLUDEEN

Date : 19 Sep 2017

having proposed for insurance in respect of the Motor Cycle described in the Schedule below the risks is hereby HELD COVERED  
in the terms of the Company's usual form of Third Party Policy applicable thereto for the

period from 00:01AM on 20 Sep 2017 to midnight on 19 Sep 2018 unless the  
cover be terminated by the Company by notice in writing in which case insurance will thereupon cease and a proportionate part of  
the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

### SCHEDULE

Registration No.	FBH7642K	Insured Value	Third Party Liability (TPL)
Engine No.	DJZCCG39003	C.C.	179
Chassis No.	MD2A12DZ1CCG29451		
Year Manufactured	2012	Year of Registration	2013
Make & Model	BAJAJ [PULSAR DTS-I 180 MANUAL]		
Rider Type	Policyholder		

Use only for the following purpose : social domestic and pleasure purposes and in connection with policyholder's business or profession.

### CERTIFICATE OF INSURANCE

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).

### IMPORTANT

Please be informed that this cover note is issued for temporary use only and that you must exchange the cover note for the certificate of insurance from the respective agents within 14 days hereof.

For MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurer

Not valid unless countersigned by Authorized Person

UNIVERSAL MOTORS PTE LTD

BLK 1006 BUKIT MERAH LANE 2

#01-04 SINGAPORE 159762

71925580  
TEL: 62782029 FAX: 62732079

MSD/VMT/16-350826

(Please read important information on the reverse page.)