

MANA8048246

Date In: 11/04/2018 14:33	Job description	Date & Time Completed	Done by
Ref No: NCA/MSA/000676/V	SAS e-billing		
Veh No: FB 6078A	E-mail (with photo, NCR etc)		
D.O.A: 05/04/2018 09:45	E-Motor Claim Form		
OD: TP Reporting Only	E-Motor W/O (with photo, NCR etc)		
	Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Box/Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / OW:	Tell	Fax
TP Particulars: Yell No: SBU 8375U	INC ( ) / Non-INC ( )	
Owner / Drivers:	Tell	
Policy No: ( ) Period: ( )	Cover Type: ( )	
Confirmed by: ( )	Date:	Time:
Insured/Driver Liability: ( ) % (Note: Bit Status (WO): NI 0-20%, P: 21-79%, P: 80-100%)		
Year of Registration: ( )	Warranty: YES ( ) / NO ( )	
Excess: (\$ )	Loading: \$1,000 ( ) / \$2,000 ( )	

General Rem: ( ) Work-in-Progress: 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:	IN/Box (Inc: 678810015)	TP/Box (Inc: 678810015)	Compby
1) Apply for Transit Allowance ( ) / Courtesy Car ( )			
2) QC Check / Post Repair Inspection ( )			
3) Upload Resurvey Photo (Repair Cost > \$3000) ( )			

Injury: \_\_\_\_\_  
 Date/Time: \_\_\_\_\_  
 Action: \_\_\_\_\_

MANA802313	Invoice Preparation Checklist	Amount	Activity
1) AR (Accident Reporting) (300)			
2) DA (Damage Assessment) (100)	INC (250)		
3) TP (Towing Fee)		140/110	
4) ET (Follow Through Survey)		110	
5) PT (Follow Through Survey (Resurvey))		110	
Exclude/Include select INC Only (w/ef 10 Jan 2018)			
6) TR (Re-inspection)		110	
7) NI (New DA + SMRT Survey)		110	
8) NTUC Additional Survey			
G/T			
NI (Courtesy Car / Tpl Allowance)		110	
NI (Repair Coordination)		110	
NI (Post Repair Inspection)		110	
NA/DY (Collateral Support Coordination)		110	
TP (NI/TP (Non-INC) repair INC)		110	
P) Mileage/Hours		10	
Invoiced/Not Invoiced	File Closed		

## 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	11/04/2018 14:33
Date Of Accident	05/04/2018 09:45
Exact Location Of Accident	JUNCTION OF MAXWELL ROAD AND SHENTON WAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL8078A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RUZAINI BIN HUSSAIN
NRIC No	S1230878G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96797118
Alternative Phone No	OTHERS-96797118

### Vehicle Particulars

Manufacturer	HONDA
Model	CBF190WH-184CC
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSD/VMS/17-988523-WTT
Cover Note Number	

### Driver

Name of Driver	RUZAINI BIN HUSSAIN
NRIC No	S1230878G
Date Of Birth	29/08/1957
Occupation	OUTDOOR
Date Of Driving Pass	08/05/1981
Driving Experience	36 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96797118
Fax Number	
Contact Number	OTHERS-96797118
EEmail Address	NOEMAIL

Address	BLK 143 PETIR ROAD #12-230
Postcode	670143
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?	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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
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

PLEASE REFER TO SKETCH AND POLICE REPORT T/20180405/7021

#### 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	SJU3375U
Vehicle Make/Model/Colour	HONDA
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

**DETAILS OF INJURED PERSON 1**

Name	RUZAINI BIN HUSSAIN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBL6078A
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.

#### B. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

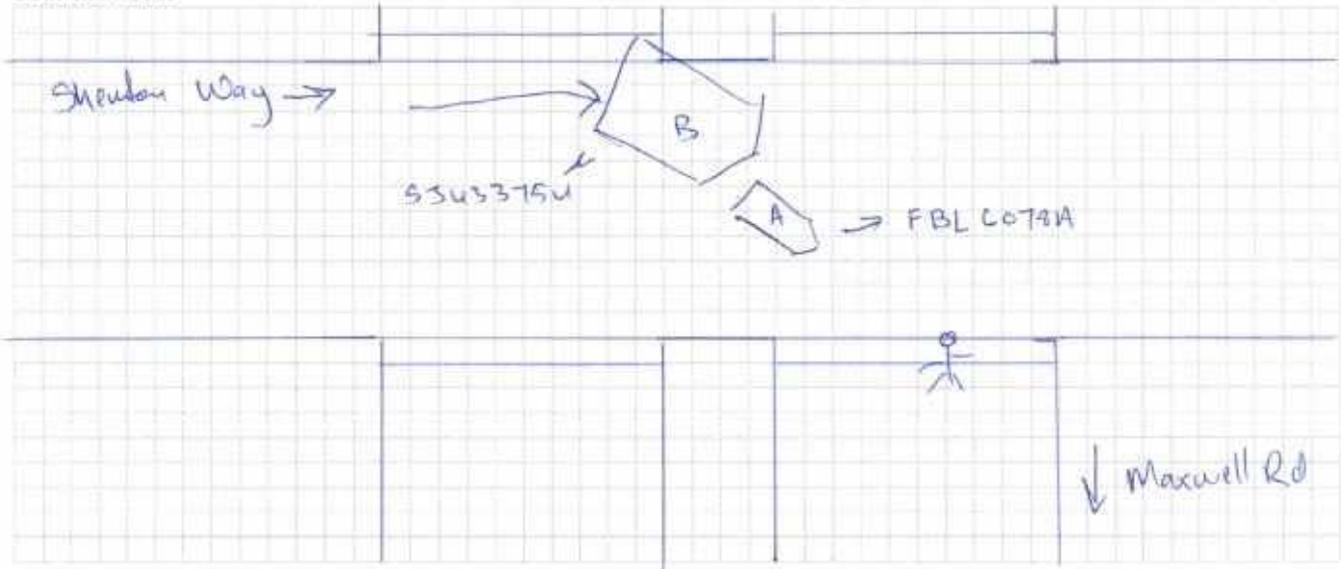
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

On 05/04/2018 at about 0945hrs, I was riding my motorcycle FBL C078A along Sheldon Way and wanted to turn right into Maxwell Rd. As there was pedestrian crossing the road I stopped before the pedestrian crossing. Out of a sudden, a car SS43376U hit into my motorcycle near causing me to fall. I was then conveyed to SHH.

**DECLARATION**

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

*[Signature]*  
 Policyholder's Signature  
 Date & Time:

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

*[Signature]* 11/04/2018  
 Reporting Centre Personnel's Signature  
 Name: *[Signature]*  
 NRIC/FIN No.:



**SINGAPORE  
POLICE FORCE**



T/20180405/7021

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

1 of 3  
Report No. T/20180405/7021

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 05/04/2018 20:19	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: RUZAINI BIN HUSSAIN		Address: APT BLK 143 PETIR ROAD #12-230 SINGAPORE 670143	
ID Type / ID No.: NRIC NO / S1230878G		Contact No.:	Mobile: 96797118
Nationality: SINGAPORE CITIZEN		Email: yati@stemcord.com	
Sex: Male	Age: 60	Date of Birth: 29/08/1957	Type of Informant: Rider
Race: Malay		Language: English	Institution / School Name:
Occupation: Despatch worker		Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 05/04/2018 09:45	Type of Location: X-Junction
Location:  MAXWELL ROAD  JUNCTION OF MAXWELL ROAD AND SHENTON WAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL6078A	Motorcycle	HONDA		Black		0
SJU3375U	Car	HONDA	CIVIC	Silver		0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20180405/7021

2 of 3

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

Report No: T/20180405/7021

**CONTINUATION OF REPORT**

Rider			
Name	RUZAINI BIN HUSSAIN	ID No.	S1230878G
Related Vehicle	FBL6078A (Motorcycle)	Contact No.	96797118
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B.3 Date of Expiry: NIL
Date Treatment	05/04/2018	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

I am a despatch rider.

On 05/04/2018 at about 0945hrs, I was riding my motorcycle(FBL6078A) along Shenton way and wanted to turn right onto Maxwell road. As there was pedestrians crossing the road, I stopped before the pedestrians crossing. Out of a sudden, a car(SJU3375U) hit onto my motorcycle's rear causing me to fall. Ambulance and traffic police came down to scene. I was conveyed to Singapore General Hospital and was granted 05 days MC. I took pictures of the aftermath of the accident. I was advised by the traffic police and was advised to lodge a traffic accident report. There is a witness who provided his contact number. He is one namely Mr Allen,HP:85690395. The traffic police IO is one namely Jeff, HP:92990972.



**SINGAPORE  
POLICE FORCE**



T/20180405/7021

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

3 of 3

Report No. T/20180405/7021

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
05/04/2018 20:19

Classification Of Case:

# ACCIDENT STATEMENT

ACCIDENT DATE: ( 5/14/2018 ) (DD/MM/YYYY), TIME: ( 0945 ) (HH:MM)

LOCATION: Maxwell Rd Junction Shenton Way

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBL6078A  
b) INSURANCE COMPANY: MSIG  
c) POLICY NUMBER: MSD/VMS/17-988523-WTT  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Honda  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: work  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: Ruzaini Bin Hussain (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S12308786 CONTACT: 96797118  
c) ADDRESS: Blk 143 Petir Rd #12-230 670143

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

## DRIVER

- a) NAME: Ruzaini Bin Hussain (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S12308786 CONTACT: 96797118  
c) ADDRESS: Blk 143 Petir Road #12-230 670143

\*d) DATE OF BIRTH: ( 29/08/1987 ) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 10/12/2011

## 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 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)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Bukit Panjang NPK

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SSJ43375U MODEL: Honda  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

# No of passenger  
(including driver)  
( 0 )

# No of passenger  
(including driver)  
( 0 )

# No of passenger  
(including driver)  
(      )

Email =

fax =

VIDEO =





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

W 701544

**CERTIFICATE OF INSURANCE**

Road Transport Act, 1987 (Malaysia)  
 The Motor Vehicles (Third Party Risks) Rules, 1989 (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/VMS/17-988523-WTT A0633-001/W0023

SUM INSURED : PMV

EXCESS : \$300(FIRE&THEFT) \$600(NDOT 2K)

1. Index mark and Registration Number of Vehicle S1230078G  
 FEL6078A

2. Name of Policyholder HONDA 184 c.c.  
 RUZAINI BIN HUSSAIN

3. Effective date of the Commencement of Insurance  
 for the purposes of the Act 0001AM 29/12/2017

4. Date of Expiry of Insurance 28/12/2018

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).

27/12/2017 (T)  
 WTT-014(01/14)

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