

NATIONAL Assessment Centre Services

NA1418060452

Date In: 09/05/2018 14:35

Ref No: NA1418060452

Veh No: S2932 TE

D.O.A: 09/05/2018 08:20

CD / TP (Reporting Only)

TP Insured:

Job description	Date & Time Completed	Done by
SAS e-filing		
E-mail (with this, AIC file)		
E-mail Claim Form		
E-mail YEO (with 100 this, YEO sheet)		
E-Photo Uploaded		
Assessment/Survey Report		
Assessment Report by Fax/Hand to Owner/Whse		

Preferred Whse / INC Assgn Whse / OWI: Tel: Fax:

TP Particulars: Yell No: SJY7319L INC:) / Non-INC:)

Owner / Driver: Tel:

Policy No: Period: Cover Type:

Confirmed by: Date: Place:

Insured/Driver Liability: % (Note: BIL SLANT (WO): NI 0-20% P: 21-79% P: 80-100%)

Year of Registration: Warranty: YES / NO

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

General Remarks: () Work-in Customer: Customer's information strictly Confidential & strictly NO (aler of repeller)

() Total Loss Case: to e-mail Insurer URGENTLY

Drive-In: / Towed-In: / Invoice: YES / NO / Towing Co:

Remarks: 1) Apply for Transition Allowance / Courtesy Car

2) QC Check / Post Repair Inspection

3) Upload Recovery Photo (Repair Cost > \$3000)

Injury:

Signature: Assgn:

NA1802993

Insurance Preparation Checklist

1) AR: Accident Reporting (200)

2) DA: Damage Assessment (200) INC (20)

3) TP: Towing Fee (100)

4) FT: Follow Through Survey (100)

5) FT: Follow Through Survey (Repair) (100)

6) TR: TR: TR (100)

7) NI: NI: NI (100)

8) NTUC: NTUC (100)

9) NI: NI: NI (100)

10) NI: NI: NI (100)

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	09/05/2018 14:36
Date Of Accident	09/05/2018 08:20
Exact Location Of Accident	ECP AFTER BEDOK EXIT TOWARDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	S2932TE
Insured/Policyholder	
Name Of Registered Owner	IRFAN BHATARA
Passport No/FIN	G1662973T
Email Address	DA_INDONESIA@YAHOO.COM
Mobile Phone No	(LOCAL) +65-91024795
Alternative Phone No	OTHERS-90385254

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E200
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	A 28935652 TMP
Cover Note Number	

Driver

Name of Driver	AHMED KHAIRUDIN BIN SAMSUDIN
Passport No/FIN	S8014953J
Date Of Birth	21/05/1980
Occupation	OUTDOOR
Date Of Driving Pass	23/12/2004
Driving Experience	13 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91024795
Fax Number	
Contact Number	OTHERS-90385254
EMail Address	DA_INDONESIA@YAHOO.COM

Address	BLK 180B MARSILING ROAD #11-2226
Postcode	732180
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	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 MERAH WEST NPC
Police Station Address	ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20180509/2029

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	SJY7379L
Vehicle Make/Model/Colour	TOYOTA WISH
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PAUL CHEW NAM SENG
NRIC/Passport Number	S6930879A
Contact Number	94501278
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

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.:

SKETCH PLAN

ECP AFTER BEDOK EXIT TOWARDS CITY



BEFORE

AFTER

A) S2932 TE

B) SJY 7379L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 9th of May 2018, at approximately 0820-0830hrs, I, Ahmed Khairudin B Samsudin, was driving along ECP (CITY) just after the Bedok Exit in lane 1 using vehicle S2932 TE. While on the move, the vehicle in front of me, SJY 7379L braked suddenly and I was unable to stop in time. As a result, my vehicle collided onto the rear of the said vehicle. At that time, the traffic volume was heavy but moving.

POLICE REPORT 1/20180509/2029

DECLARATION

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



[Signature]

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

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

[Signature] 09/05/2018
[Signature]



SINGAPORE POLICE FORCE



T/20180509/2029

1 of 3

Report No. T/20180509/2029

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/05/2018 11:03	Vide Report No.:	Station Diary No.: 24
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Informant's Particulars

Name of Informant: AHMED KHAIRUDIN BIN SAMSUDIN			Address: APT BLK 180B MARSILING ROAD #11-2226 SINGAPORE 732180		
ID Type / ID No.: NRIC NO / S8014953J			Contact No.: Home/Office:		Mobile: 90385254
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 37	Date of Birth: 21/05/1980	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: Other car and light goods vehicle drivers nec			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 09/05/2018 08:20	Type of Location: Straight Road
Location: Along Road 1 EAST COAST PARKWAY After Bedok exit, towards City.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	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
S2932TE	Car	MERCEDES BENZ	E200	Black	Slightly Damaged	0
SJY7379L	Car	TOYOTA	Wish	Brown	Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180509/2029

2 of 3

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

Report No. T/20180509/2029

CONTINUATION OF REPORT

Driver				
Name	AHMED KHAIRUDIN BIN SAMSUDIN		ID No.	S8014953J
Related Vehicle	S2932TE (Car)		Contact No.	90385254
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	PAUL CHEW NAM SENG		ID No.	S6930879A
Related Vehicle	SJY7379L (Car)		Contact No.	94501278
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On the above mentioned date, time and location, I was driving my vehicle S2932TE belonging to Indonesia Embassy in lane 1. While on the move, the vehicle SJY7379L which was in front of me made a sudden brake and I was unable to stop my vehicle in time. As a result, my vehicle collided onto the rear of the said vehicle. Both the driver of the said vehicle and myself exchanged particulars after checking on the accident. As no one was injured, we left the location after taking photographs of the damages. I wish to state that there is no camera installed in my vehicle.



**SINGAPORE
POLICE FORCE**



T/20180509/2029

3 of 3

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

Report No. T/20180509/2029

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:

D /

Staff Sgt MUHAMMAD FADLEY BIN
MASHWARI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI KASMAWATI BTE SAMIAN

Contact No.: 65476179

Signature Of Informant:

Date/Time:

09/05/2018 11:03

Classification Of Case:

Authentication Stamp

NP168

ACCIDENT STATEMENT

ACCIDENT DATE: 09/05/2018 (DD/MM/YYYY), TIME: 08:20 (HH:MM)

LOCATION: ECP.(CITY) after Bedok exit

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: S 2932 TE

b) INSURANCE COMPANY: MSIG

c) POLICY NUMBER: A 28935652

d) POLICY TYPE: (~~COMPREHENSIVE~~ / THIRD PARTY / THIRD PARTY FIRE & THEFT)

e) MAKE & MODEL: MERCEDES E200

(ITYPE:(SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS))

g) VEHICLE CATEGORY: (PRIVATE / ~~COMMERCIAL~~ / MOTORCYCLE)

b) PURPOSE OF USING AT ACCIDENT TIME: WORKING

ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)

IF NO, PLEASE STATE (~~THIRD PARTY CLAIM~~ / REPORTING ONLY)

2. INSURED / POLICY HOLDER

A|NAME: Irfan Bhatara (MALE / ~~FEMALE~~)

b) NRIC/FIN/PASSPORT: G16629BT CONTACT: 91024795

C) ADDRESS: 551 TRATHAMCREAVE AVE #06-127 56140055)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

Q1 NAME: Armed Khairudin B Samsudin (MALE / FEMALE)

BINRIC/FIN/PASSPORT: 580149537 CONTACT: 90383254

C/ADDRESS: Blk 1803 Marsiling Road #11-2226 S(752150)

*d) DATE OF BIRTH: (21 / 05 / 1980) (DD/MM/YYYY)

e) OCCUPATION: (~~INDOOR~~ / OUTDOOR)

DATE OF DRIVING PASS :- 23/12/2004

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) NO

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

IF YES, PLEASE STATE WHICH POLICE STATION: BUKIT MERAH WEST NPC

8. THIRD PARTY VEHICLE

q) VEHICLE NUMBER: 5JY 9379 L MODEL: TOYOTA

b) DRIVER'S NAME: PAUL CHEW NAM SENG

C) NRIC/FIN/PASSPORT: S 6930879 A CONTACT: 94501248

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = dq_indonesia@yahoo.com

$$\frac{0}{100}x =$$

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8014953J




Name
AHMED KHAIRUDIN BIN
SAMSUDIN
أحمد خيرودين بن سمسودين

Race
MALAY

Date of birth
21-05-1980

Country/Place of birth
SINGAPORE

Sex
M



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8014953J



AHMED KHAIRUDIN BIN
SAMSUDIN


Birth Date: 21 May 1980

Issue Date: 05 Dec 2016


002635442K



531930



NRIC No: S8014953J



Date of issue
27-05-2016

APT BLK 1808 MARSILING ROAD #11-222B
SINGAPORE 732180


NRIC No: S8014953J Date: 02/01/2015

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

		EFFECTIVE DATE
Class 2B	Motorcycles <= 200 cc	08 Feb 2001
Class 2A	Motorcycles between 201 cc and 400 cc	10 Dec 2002
Class 2	Motorcycles > 400 cc	13 Jan 2004
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	23 Dec 2004

NP 428A

Licence No: S8014953J



**MSIG****MSIG Insurance (Singapore) Pte. Ltd.**

4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7800
Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

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 RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.X.1
Individual Ownership

PRIVATE MOTOR CAR - TP
Third Party

Certificate No. A 28935652 TMP

1. Index Mark and Registration Number of Vehicle

S2932TE

2. Name of Policyholder

Irfan Bhatara

3. Effective Date of the Commencement of Insurance for the purposes of the Act

11/04/2017

4. Date of Expiry of Insurance

23/06/2018

5. Persons or Classes of Persons entitled to drive*

Irfan Bhatara

Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.

* Provided that the person driving is permitted in accordance with the licensing or other laws or 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.

6. Limitations as to use*

Use only for social domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover use for hire or reward racing pace-making reliability trial speed-testing the carriage of goods other than samples in connection with any trade or business or 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.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the Insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

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 Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.
Approved Insurers


for Chief Executive Officer