

NATIONAL Assessment Centre Services

[wef 1 Jan 2003]

MMA 118061065

Date In: 10/5/18 15:36	Job description	Date & Time Completed	Done by
Ref No: MA1 MSG18008594/14	SAS e-filing		
Veh No: FV 4306E	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 10/5/18 05:45	i-Motor Claim Form		
OD: <input checked="" type="radio"/> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Tel:

Fax:

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars: Veh No: GBF 2442P 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%; F: 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:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

MA1802980	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)	30.00	
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2003)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	IP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$0		
QC Checked by (Engr-In-Charge):	Invoice date:	Fee Charged	
Auditors' Comments :-	Invoice dated	Fee Charged	
Pat 1:			
Pat 2 / 3:			

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	10/05/2018 15:36
Date Of Accident	10/05/2018 05:45
Exact Location Of Accident	CARPARK INFRONT BLK 543 JURONG WEST ST 42
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FV4306E
Insured/Policyholder	
Name Of Registered Owner	MOHAMMAD YAZID BIN YAACOB
NRIC No	S8137421Z
Email Address	YAZIDYAA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97554503
Alternative Phone No	OFFICE-97554503

Vehicle Particulars

Manufacturer	YAMAHA
Model	FJR1300
Exact Purpose for which vehicle was being used at time of accident	PARKED
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/18-990677-WTT
Cover Note Number	-

Driver

Name of Driver	MOHAMMAD YAZID BIN YAACOB
NRIC No	S8137421Z
Date Of Birth	12/12/1981
Occupation	OUTDOOR
Date Of Driving Pass	24/05/2005
Driving Experience	12 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97554503
Fax Number	
Contact Number	OFFICE-97554503
EEmail Address	YAZIDYAA@GMAIL.COM

Address BLK 543 JURONG WEST ST 42 #05-51
 Postcode 640543
 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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles involved in the accident
 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) 0

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name MARINE PARADE N.P.C
 Police Station Address ROAD: 300 MARINE PARADE ROAD , POSTCODE: 449296 , 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 POLICE REPORT.

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Remarks/ Reasons: WITH DRIVER
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBF2442P
 Vehicle Make/Model/Colour
 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)

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:

10/5/18 1600

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

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

SKETCH PLAN



A = FV4306E
 B = GBF 2442P
 W = witness footage

Open Carpark Infront BIK 543 Jurong West
 St 42

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

DECLARATION

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

[Signature]

Policyholder's Signature
 Date & Time:

10/5/18 1530

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

[Signature]

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

ACCIDENT STATEMENT

ACCIDENT DATE: (10 / 5 / 18) (DD/MM/YYYY), TIME: (05 : 45) (HH:MM)

LOCATION: Carpark Infront blk 543 Jurong West St 42

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FV4306 E
b) INSURANCE COMPANY: MSIG
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Parked
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: Mohammad Yazid bin Yaacob (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 97554503
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

* No of passenger
(including driver)
(0)

DRIVER

- a) NAME: As Above. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner.

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: Marine Parade NPC.

8. THIRD PARTY VEHICLE

* No of passenger
(including driver)
()

- a) VEHICLE NUMBER: GBF 2442 P. MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

* No of passenger
(including driver)
()

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

video : Yes

Email = yazidypa@gmail.com

fax =



SINGAPORE POLICE FORCE



T/20180510/2084

1 of 3

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

Report No. T/20180510/2084

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/05/2018 14:27	Vide Report No.:	Station Diary No.: 47
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Informant's Particulars

Name of Informant: MOHAMMAD YAZID BIN YAACOB		Address: APT BLK 543 JURONG WEST STREET 42 #05-51 SINGAPORE 640543	
ID Type / ID No.: NRIC NO / S8137421Z		Contact No.: Home/Office:	Mobile: 97554503
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 36	Date of Birth: 12/12/1981	Type of Informant: Vehicle Owner
Race: Malay		Language: English	Institution / School Name:
Occupation: TECHNICAL OFFICER		Driving Licence Information: Class: 2B,2A,2,3,4	Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 10/05/2018 05:45	Type of Location: Car Park
Location: Along Road 1 JURONG WEST STREET 42			
Open HDB carpark in front of Blk 543 Jurong West Street 42 #05-51		Road Surface:	Road Speed Limit:
Weather:		Traffic Control:	Traffic Volume:
Flow:			Anyone conveyed by ambulance: No
Type of Collision: Moving Vehicle Against - Parked Vehicle			

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FV4306E		YAMAHA	FJR1300	Blue	Slightly Damaged	0
GBF2442P						0

Details of Person Involved

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



SINGAPORE POLICE FORCE



T/20180510/2084

2 of 3

Report No. T/20180510/2084

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

CONTINUATION OF REPORT

Vehicle Owner		ID No.	S8137421Z
Name	MOHAMMAD YAZID BIN YAACOB	Contact No.	97554503
Related Vehicle	FV4306E	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Hospital/Clinic	NIL	Date Discharge	NIL
Date Treatment	NIL	Degree of Injury	NIL
No. of Days granted Medical Leave	NIL		

Brief Details.

On the 10/05/2018 at about 0450hrs, I came back home and parked my motorcycle at the open carpark in front of my house at Blk 543 Jurong West Street 42 at lot 2A. A few hours later at about 0900hrs, I came down from my house and discovered that my motorcycle was lying on the ground. As I was lifting up my motorcycle, one of my neighbours approached me and told me that his car has an in-vehicle camera. He said that the camera had captured footage of my motorcycle being knocked down at about 0547hrs by a lorry. There was no note left on my motorcycle.

My neighbor and I exchanged contact details and he then sent me the video footage and some screenshots showing a lorry colliding with my parked motorcycle and left after that. I informed my insurance company about this matter and was advised to lodge a police report.



**SINGAPORE
POLICE FORCE**



T/20180510/2084

3 of 3

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

Report No. T/20180510/2084

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:

Staff Sgt SYED FAIZ BIN SYED SHAMSHUDIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /
Sr Staff Sgt ESTHER CHONG
Contact No.: 65476368

Authentication Stamp

N: 153

Signature Of Informant:

Date/Time:

10/05/2018 14:27

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8137421Z**



Name
MOHAMMAD YAZID BIN YAACOB

محمد يازيد بن يعقوب

Race
MALAY

Date of birth
12-12-1981

Country/Place of birth
SINGAPORE

Sex
M



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S8137421Z**

Name
MOHAMMAD YAZID BIN YAACOB

Birth Date **12 Dec 1981**

Issue Date **31 Dec 2013**




5258448



NRIC No. **S8137421Z**



Date of issue
31-12-2013

**APT BLK 543 JURONG WEST STREET 42 #05-51
SINGAPORE 640543**


NRIC No. **S8137421Z** Date **03/01/2017**

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

	EFFECTIVE DATE
Class 2B Motorcycles \leq 200 cc	19 Apr 2000
Class 2A Motorcycles between 201 cc and 400 cc	07 Oct 2003
Class 2 Motorcycles $>$ 400 cc	24 May 2005
Class 3 Motor Cars \leq 3000kg with \leq 47 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg	14 May 2002
Class 4 *Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg *Motor vehicles which are not constructed to carry load and the unladen weight $<$ 7250kg	04 Jun 2011

NP 428A

Licence No: **S8137421Z**



ISIG

W 70400
MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212U)
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7800
www.msig.com.sg

CERTIFICATE OF INSURANCE

Road Transport Act, 1987 (Malaysia)
The Motor Vehicles (Third Party Risks) Rules, 1959 (Federation of Malaysia)
(Third Party Risks and Compensation) Act (CAP. 189 of the Revised Edition) (Republic of Singapore)
Vehicles (Third Party Risks and Compensation) Rules, 1996 Edition (Republic of Singapore)
Or any Amendment, Act or Acts passed in substitution thereof.

KSD/VKT/18-990677-WTT A0633-001/W0868

TPL

NIL

S8137421Z
FV4306E

1298 C.C.

Mark and Registration Number of Vehicle

YANAKA

Policyholder MOHAMMAD YAZID BIN YAACOB

date of the Commencement of Insurance

1603PM 21/03/2018
20/03/2019

purposes of the Act

Expiry of Insurance

or Classes of Persons entitled to drive
Policyholder.

that the person driving is permitted in accordance with the licensing
or regulations to drive the Motor Vehicle or has been so permitted
disqualified by order of a Court of Law or by reason of any enactment
in that behalf from driving the Motor Vehicle. And provided further that
Vehicle is registered and licensed under the Road Traffic Act and its
and licensing under the Road Traffic Act has not been cancelled at the
accident loss or damage.

social domestic and pleasure purposes and in
connection with the Policyholder's business or profession.

any does not cover
of hire or reward.

or racing, pace-making, reliability trial or speed-testing,
or the carriage of goods (other than samples) in
connection with any trade or business.
or any purpose in connection with the Motor Trade.

are rendered inoperative by Section 8 of the Motor Vehicles (Third-Party
and Compensation) Act (Chapter 189) and Section 95 of the Road Transport
Act (Malaysia), are not to be included under these headings.

WE CERTIFY that the Policy to which this Certificate relates is
in accordance with the provisions of the Motor Vehicles (Third-Party Risks
and Compensation) Act (Chapter 189) and the Road Transport Act
(Malaysia).

Cover : Third Party, Fire & Theft

FBE4328D

NC421103434

MUHAMAD ZULKHAIRIL BIN ARISSAH

08 Sep 2017

07 Sep 2018

in connection with the licensing or other laws or
disqualified by order of a Court of Law or
Motor Vehicle.

in connection with the Policyholder's business

ing.

in connection with any trade or business.

Motor Vehicle (Third Party Risks and Compensation)
1987 (Malaysia), are not to be included

VERLEAF

KHAIRIL BIN ARISSAH

KARNAEN BIN ARISSAH

CENTRE

OF INSURED VEHICLE AT TIME OF LOSS

Policy is issued in accordance with the
Part III and Part IV of the Road Transport

ID (00000614933)

For NTUC INCOME INSURANCE

