

NATIONAL Assessment Centre Services			
Date In: 07/06/2018 16:18	Job description: SAS e-filing	Date & Time Completed	Done by:
Ref No: NBA/M2618010409/Y	E-mail (within 8hrs, A/C 2hrs)		
Veh No: 134 7642K	i-Motor Claim Form		
D.O.A: 04/06/2018 14:45	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: TP Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( )		Tel: ( )	Fax: ( )
TP Particulars:	Veh No: SLN 1343M	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:- (INC hotline: 6788-6616)	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: _____
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Date/Time	Actions

NBA03614	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
			1st Bill	Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$10			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	OJ*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (Non INC) against INC \$20			
	9) N12: Idac Mobile \$0			
Cat. 1:	Invoice dated	Fee Charged		
Cat. 2 / 3:	Invoice dated	Fee Charged		

## 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	07/06/2018 16:18
Date Of Accident	04/06/2018 14:45
Exact Location Of Accident	ALONG PIE TOWARDS TUAS 36.2KM LANE 3 AND 4
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH7842K
<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	PRIVATE USE
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	
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 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82651651
Fax Number	
Contact Number	OTHERS-82651651
Email Address	FARLU904@GMAIL.COM



Address	BLK 443D BUKIT BATOK WEST AVENUE 8 #11-773
Postcode	654443
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	SIDE SWIPE
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?	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 BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 21 BUKIT BATOK EAST AVE 4 , <b>POSTCODE:</b> 659840 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-6659999 - <b>FAX NO:</b> 66655793
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180604/2178

#### 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	SLN1343M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ADILAH BINTI ANWAR
NRIC/Passport Number	S8909576Z
Contact Number	96308157
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

**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.

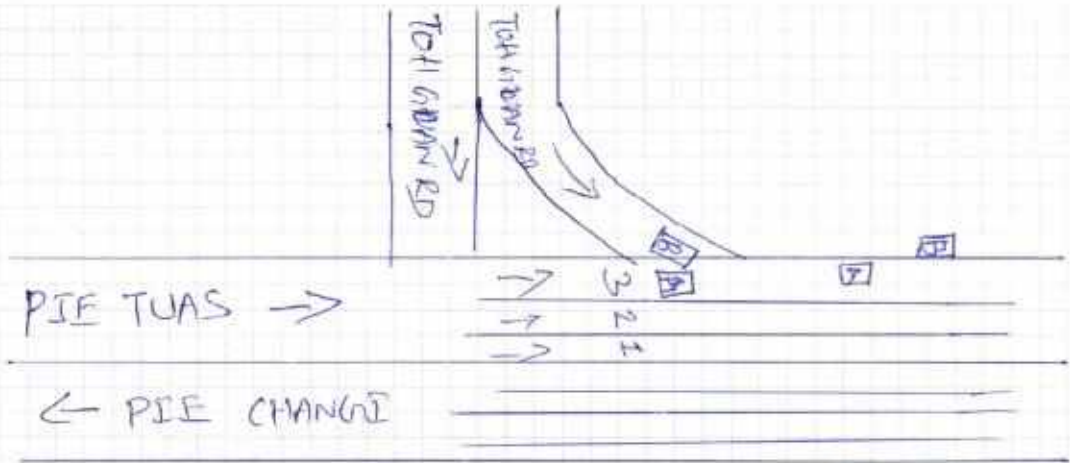


Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN



A) FBH 7642K  
B) SLW 1343 m


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT  
7/20180604/2128

DECLARATION

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

  
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.:





# SINGAPORE POLICE FORCE



T/20180604/2178

Police Station Of Origin:  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999

1 of 3

Report No. T/20180604/2178

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/06/2018 19:35	Vide Report No.:	Station Diary No.: 189
--------------------------------------------	------------------	---------------------------

Informant's Particulars			
Name of Informant: Mohamed Sathik Farludeen		Address: 443D Bukit Batok West Ave 8 #11-773 SINGAPORE 654443	
ID Type / ID No.: PASSPORT / N2046483		Contact No.: Home/Office: Mobile: 82651651	
Nationality: INDIAN		Email:	
Sex: Male	Age: 31	Date of Birth: 09/08/1986	Type of Informant: Rider
Race: Indian		Language:	Institution / School Name:
Occupation: sales executive		Driving Licence Information: Class: Date of Expiry:	

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/06/2018 14:45	Type of Location:
Location: Along Road 1 PAN ISLAND EXPRESSWAY Along PIE towards Tuas 36.2km lane 3 and 4.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH7642K	Motorcycle				Slightly Damaged	0
SLN1343M	Car				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/20180604/2178

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Police Station Of Origin:

Bukit Batok N.P.C

21 Bukit Batok East Avenue 4 SINGAPORE

659840

Tel No: 1800-6659999

Report No. T/20180604/2178

## CONTINUATION OF REPORT

<b>Rider</b>			
Name	Mohamed Sathik Farludeen	ID No.	N2046483
Related Vehicle	FBH7642K (Motorcycle)	Contact No.	82651651
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	Slight
<b>Driver</b>			
Name	Adilah binti Anwar	ID No.	S8909576Z
Related Vehicle	SLN1343M (Car)	Contact No.	96308157
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.

V1) FBH7642K (Motorcycle)

V2) SLN1343M (Car)

On 04/06/2018 at around 1445hrs, I was riding V1 along PIE towards Tuas at the third lane. Subsequently, V2 was on my left, and wanted to merge into my lane. I did not see V2 on my left and I continued to accelerate. Subsequently out of nowhere, V2 made a sharp right turn and hit against my left side. I lost balance and fell off my bike. V2 subsequently stopped ahead and a passerby called for ambulance. Subsequently ambulance and traffic police arrived at scene. I sustained some injuries. The injuries are as follows, my left elbow sustained some abrasions. My left toe nail is broken. There are some abrasions on my knees and there is also some redness on my neck area. I was not conveyed as I did not feel any pain earlier.

My vehicle also sustained some damages. V1 headlight sustained some scratches and the gear was damaged. The rear box was broken and the left signal was also damaged. My left side mirror was broken. My bike was unable to start and was towed to my residential address. I have not went to the clinic to make a check. I do not have any in built camera.





**SINGAPORE  
POLICE FORCE**



T/20180604/2178

Police Station Of Origin:  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999

3 of 3

Report No. T/20180604/2178

**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:  
J /  
Sgt 2 MUHAMMAD SYAFIQ BIN MOHD RAFFA

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Sr.Staff Sgt YUS MASTARI I KHAZALI 114  
Contact No: 65476214

Authentication Stamp

NP168

Signature: \_\_\_\_\_

**Singapore Police Force**

Signature Of Informant:

Date/Time:  
04/06/2018 19:35

Classification Of Case:

## ACCIDENT STATEMENT

ACCIDENT DATE: 04/06/2018 (DD/MM/YYYY), TIME: 14:45 (HH:MM)

LOCATION: PIE TOWARDS TUAS AT THE THIRD LANE

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBH 7642K  
b) INSURANCE COMPANY: 72 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: 14:45  
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: MOHAMED CATHIK FARLUDEEN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: N2046483 CONTACT: 82651651  
c) ADDRESS: 443D #11-773 BUKIT BATOK WEST AVE 8  
SINGAPORE (654443)

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

### 3. DRIVER

- a) NAME: AS AROBUE (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: 04/06/2018

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 BATOK NPC

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLN 1343M MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: ADILAH BINTI ANWAR  
c) NRIC/FIN/PASSPORT: S89095762 CONTACT: 96308157

### 9. THIRD PARTY VEHICLE

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

(1)  
NUMBER OF  
PASSENGER  
INCLUDING DRIVER

(1)  
NUMBER OF  
PASSENGER  
INCLUDING DRIVER  
(1)  
NUMBER OF  
PASSENGER  
INCLUDING DRIVER

1) EMAIL : farlu 904@gmail.com

2) 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 34003632**

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 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**

File No.: **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 2017  
14 Jul 2017

- C  
- C  
- 3  
- C

Class 2B: Motorcycles < 200 CC  
Class 3: Motor cars < 3500 kg with up to 7 passengers, exclusive of the driver, and power (research) vehicles < 2500 kg

**S / No 0000269313**

**License No: G6315178K**

**NP 428A**



**MSIG**

MSIG Insurance (Singapore) Pte. Ltd. (In Reg No 200412312G)  
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.

Not valid unless countersigned by Authorized Person  
**UNIVERSAL MOTORS PTE LTD**

BLK 1005 BUKIT MERAH LANE 2

#01-04 SINGAPORE 159762

71925580  
TEL: 62782029 FAX: 62732039

Approved Insurer

MSD/VMT/16-350626

(Please read important information on the reverse page.)