

**NATIONAL Assessment Centre Services** (wef: Jan 05) **MAIL 18100817**

Date In: 04/05/2018 15:23	Job description	Date & Time Completed	Done by
Ref No: NA/m89180/4174/y	SAS e-filing		
Veh No: BBL 9690L	E-mail (within 8hrs, AIC 2hrs)		
DOA: 02/08/2018 18:45	i-Motor Claim Form		
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( Tel: Fax: )

TP Particulars: Veh No: **FBE 6187E** 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: \_\_\_\_\_

Date/Time	Actions

**NA1804848**

Claimant's Particulars :-	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			1st Bill	Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);			
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF : Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120			
Auditors' Comments :-	5) FT : Follow-Through Survey (Resurvey) \$30			
Cat 1:	For claiming against INC Only (wef 10 Jan 2005)			
Cat 2/3:	6) TR : Re-inspection \$75			
	7) N1 : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	OD*			
	*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 30			
	Invoice dated	Fee Charged		
	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	04/08/2018 15:23
Date Of Accident	02/08/2018 18:45
Exact Location Of Accident	PIE (TUAS)NEAR ENG NEO AVE SLIP RD BEFORE FLYOVER
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL9690L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RUNNI NADIA MOHD SIMM
NRIC No	S8713430Z
Email Address	RUNNISIMM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82996875
Alternative Phone No	OTHERS-82996875

### Vehicle Particulars

Manufacturer	SUZUKI
Model	BURBMN UH200A
Exact Purpose for which vehicle was being used at time of accident	GOING HOME
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	
Cover Note Number	72099050

### Driver

Name of Driver	RUNNI NADIA MOHD SIMM
NRIC No	S8713430Z
Date Of Birth	24/05/1987
Occupation	INDOOR
Date Of Driving Pass	12/10/2012
Driving Experience	5 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-82996875
Fax Number	
Contact Number	OTHERS-82996875
EMail Address	RUNNISIMM@GMAIL.COM

Address	BLK 681 CHOA CHU KANG CRESCENT #09-09
Postcode	680661
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	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	CHOA CHU KANG NPC
Police Station Address	<b>ROAD:</b> 20 CHOA CHU KANG ST 52 #01-02 , <b>POSTCODE:</b> 689286 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180802/2173

#### 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	FBE6187E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
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: 3/8/2018  
12:06WS

Driver's Signature

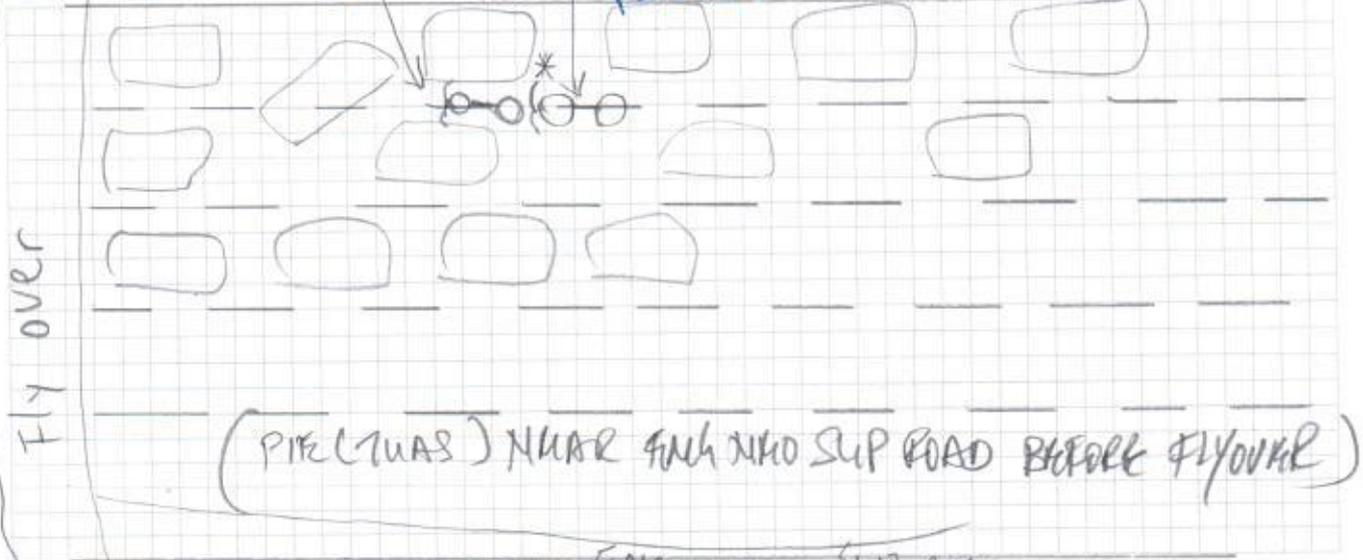
(If driver is not the policyholder)  
Date & Time:



Reporting Centre Personnel's Signature

Name: [Handwritten Name]  
NRIC/FIN No.: [Handwritten Number]

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ENG NEO SLIP ROAD

*PLS REFER TO POLICE REPORT  
7/20180802/2173*

DECLARATION

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

*Adij*

Policyholder's Signature

Date & Time: 3/8/2018  
(210hrs)

Driver's Signature

(If driver is not the policyholder)  
Date & Time:

*aw oct 28/2018*

Reporting Centre Personnel's Signature

Name: *Kodhi watar*  
NRIC/FIN No.:



Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

Report No. T/20180802/2173

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 02/08/2018 20:58	Vide Report No.: J/20180802/0180	Station Diary No.: 136
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**Informant's Particulars**

Name of Informant: RUNNI NADIA MOHD SIMM		Address: APT BLK 661 CHOA CHU KANG CRESCENT #09-09 SINGAPORE 680661	
ID Type / ID No.: NRIC NO / S8713430Z		Contact No.: Home/Office:	Mobile: 82996875
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 31	Date of Birth: 24/05/1987	Type of Informant: Rider
Race: Chinese		Language:	Institution / School Name:
Occupation: PUBLIC HEALTH OFFICER		Driving Licence Information: Class: 2B	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 02/08/2018 18:45	Type of Location: Expressway
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
PIE Towards TUAS near to ENG NEO Slip road before flyover				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		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
FBE6187E	Motorcycle					1
FBL9690L	Motorcycle	SUZUKI	UH200A	Grey	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL9690L	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72099050	11/06/2018	10/06/2019



Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	RUNNI NADIA MOHD SIMM	ID No.	S8713430Z
Related Vehicle	FBL9690L (Motorcycle)	Contact No.	82996875
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B 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 travelling along PIE towards TUAS with FBL9690L. When I was near to Eng Neo Slip road before the flyover, I slow down my motorcycle as it was a heavy jam. I travelled slowly in-between 1st and 2nd lane to overtake the heavy traffic. There was a car that change lane from 1st and 2nd lane ahead of me thus I came to a stop and there was a distance between me and the car.

Suddenly, I felt an impact from the rear and I made a check. There is a motorbike that knocked on to me and the rider informed me in Malay that everything was fine. Thus, I continue my journey. However, I immediately felt that my motorbike have weak throttle. I then tried to approach the said motorbike that hit me and I managed to get him but he informed me that there wasn't any issue and rode off. I managed to take down of his motorbike plate no namely FBE6187E and I went home. I made a further check and my motorbike exhaust pipe was damaged.

I then make a call to traffic police for assistance and traffic police came down to my carpark. He then informed me to lodge a police report.



**SINGAPORE  
POLICE FORCE**



T/20180802/2173

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

3 of 3

Report No. T/20180802/2173

**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 CHUA KEE LENG

Signature Of Interpreter:  
Not applicable

Signature Of Informant: \_\_\_\_\_

Date/Time:  
02/08/2018 20:58

Officer In Charge Of Case:  
TP / HRT /  
Sr Staff Sgt TAN JEOK LENG  
Contact No.: 65476144

Classification Of Case: \_\_\_\_\_

Authentication Stamp  
NP168

Ins. claim?

### ACCIDENT STATEMENT

ACCIDENT DATE: 02/08/2018 (DD/MM/YYYY), TIME: 18:45 (HH:MM)

LOCATION: P.L.E. (TUAS) near Eng Neo Sij Road, before flyover

**1. DETAILS OF VEHICLE**

- a) VEHICLE NUMBER: FBL9690L
- b) INSURANCE COMPANY: MSIG
- c) POLICY NUMBER: 72099050
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: SUZUKI BURGMAN 4H200A
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: GOING HOME
- 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: RUNNI NADIA MOHD SIMM (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S8713430Z CONTACT: 82996875
- c) ADDRESS: 661 CHOA CHU KANG CRESCENT #09-09  
S1680661

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

**DRIVER**

- a) NAME: RUNNI NADIA MOHD SIMM (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S8713430Z CONTACT: 82996875
- c) ADDRESS: 661 CHOA CHU KANG CRESCENT #09-09  
S1680661

\*No of passengers  
(including driver)  
(0)

\*d) DATE OF BIRTH: (24/05/1987) (DD/MM/YYYY)

- e) OCCUPATION: (INDOOR / OUTDOOR)
- f) DATE OF DRIVING PASS: 12 OCT 2012

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: CCK NPC

**8. THIRD PARTY VEHICLE**

- a) VEHICLE NUMBER: FBE 6187E MODEL: \_\_\_\_\_
- b) DRIVER'S NAME: \_\_\_\_\_
- c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\*No of passenger  
(including driver)  
(2)

**9. THIRD PARTY VEHICLE**

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

\*No of passenger  
(including driver)  
(2)

email = runnisimm@gmail.com

VIDEO =

MA 1804848

REPUBLIC OF SINGAPORE  
 IDENTITY CARD NO. S8713430Z



Name  
 RUNNI NADIA MOHD SIMM

Race  
 CHINESE

Date of birth 24-05-1987 Sex F

Country of birth  
 SINGAPORE

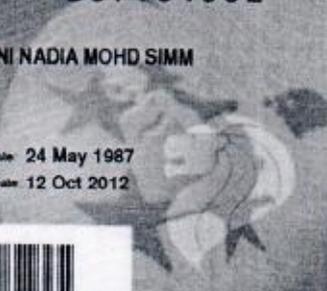




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8713430Z  
 Name  
 RUNNI NADIA MOHD SIMM

Birth Date 24 May 1987  
 Issue Date 12 Oct 2012

002113957A



4219590



NRIC No. S8713430Z



Date of issue  
 28-04-2008

APT BLK 661 CHOA CHU KANG CRESCENT #09-09  
 SINGAPORE 680661

NRIC No: S8713430Z Date: 25/07/2016

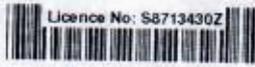
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EFFECTIVE DATE  
 12 Oct 2012

Class 2B Motorcycles <= 200 cc

NP 428A

Licence No: S8713430Z



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 : 72099050

Excess: \$300 (FIRE&amp;THEFT) \$600 (ENDT 2K)

Agency : A0074-001-10225

Date : 11 Jun 2018

Name : RUNNI NADIA MOHD SIMM

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 Fire & Theft** Policy applicable thereto for the period from **16:06PM** on **11 Jun 2018** to midnight on **10 Jun 2019** 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	FBL9690L	Insured Value	Prevailing Market Value
Engine No.	H405403759	C.C.	200
Chassis No.	MLCC91327H0403759		
Year Manufactured	2017	Year of Registration	2017
Make & Model	SUZUKI [UH200A]		
Rider Type	Policyholder		

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

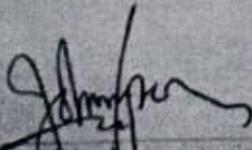
**CERTIFICATE OF INSURANCE**

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).

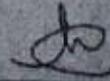
**IMPORTANT**

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



Approved Insurer

**UNIVERSAL MOTORS PTE LTD**  
 BLK 1006 BUKIT MERAH LANE 2  
 #01-04 SINGAPORE 159762  
 TEL: 62782029 FAX: 62732039

MSD/VMS/17-366160-CA

(Please read important information on the reverse page.)