

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In 15/08/08	Job description	Date & Time Completed	Done by
Ref No NA/MSG18014812/13	SAS e-filing		
Veh No FBG5750A	E-mail (within 8hrs, A/C 2hrs)		
D.O.A 05/08/08 1700	i-Motor Claim Form		
OD : TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLU1972K	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

NA1805049	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) 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) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
QC Checked by (Engr-In-Charge):	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		
Auditors' Comments :-	TP (N11) : TP (Non INC) against INC \$20		
at 1:	9) N12: Idac Mobile 30		
at 2 / 3:	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	15/08/2018 10:03
Date Of Accident	05/08/2018 17:00
Exact Location Of Accident	ALONG PAYA LEBAR RD TWDS PIE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBG5750A
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD ALI HAKIM BIN HASHIM
NRIC No	S9311480I
Email Address	KIM_ECR@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-81632721
Alternative Phone No	OTHERS-81632721
Vehicle Particulars	
Manufacturer	PIAGGIO
Model	GILERA RUNNER
Exact Purpose for which vehicle was being used at time of accident	GOING TO WORK
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	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	72026300
Driver	
Name of Driver	MUHAMMAD ALI HAKIM BIN HASHIM
NRIC No	S9311480I
Date Of Birth	29/03/1993
Occupation	OUTDOOR
Date Of Driving Pass	08/06/2016
Driving Experience	2 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81632721
Fax Number	
Contact Number	OTHERS-81632721
EMail Address	KIM_ECR@HOTMAIL.COM

Address	BLK 1 EUNOS CRESCENT #02-2519
Postcode	400001
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	
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

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	SLU1972K
Vehicle Make/Model/Colour	
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)	

SKETCH PLAN

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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.

 14 AUG 2018

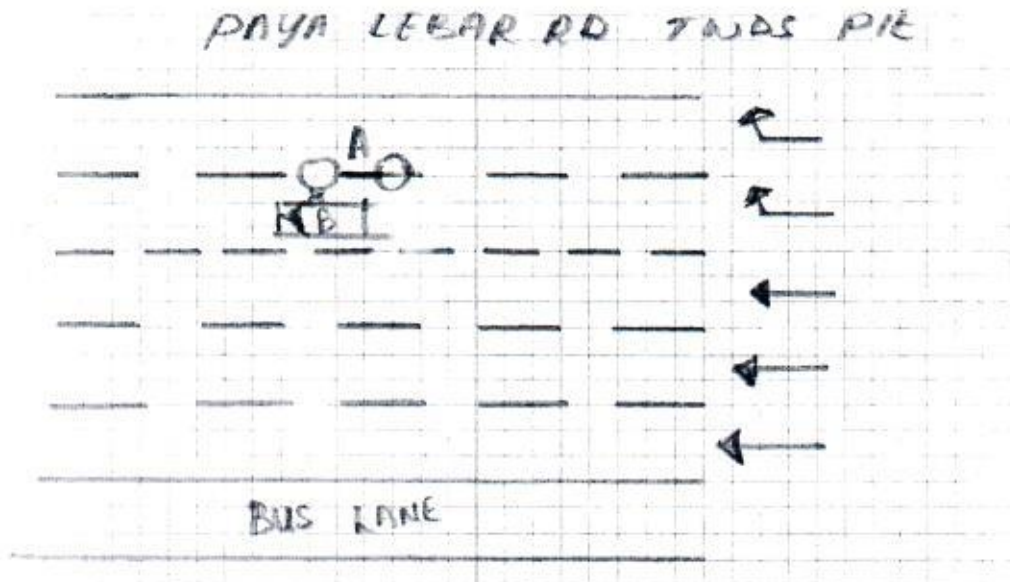
Policyholder's Signature
Date & Time:

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

 15/08/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

A- FB65750A
B- SLU1972K



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P A

THERE'S A ~~HITTING~~ HITTING / COLLISION BETWEEN MY
SIDE SIDE MIRROR WITH THE VEHICLE B (SLU1972K).

TO MY BELIEF IT JUST A UNACCIDENTAL HITTING AND
THERES NO SEVERE DAMAGE SEEN ON BOTH PARTIES SIDE
MIRROR.

I WAS BEING LIKE NORMAL TYPICAL RIDERS WHOM TRYING
TO SQUEEZE HIS WAY THROUGH BETWEEN TWO LAKES. AND
THE OTHER PARTY VEHICLE 'B' IS NEAR TO MY MOTORCYCLE,
THUS THERE WAS A HIT ON THE OTHER PARTY VEHICLE.

I WAS RIDING APPROXIMATELY 20-25 km/h WHILE I
WAS TRYING TO SQUEEZE MY WAY THROUGH.

DECLARATION

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

Signature 14 AUG 18

Policyholder's Signature
Date & Time:

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

Signature 15/08/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ACCIDENT STATEMENT

17 00

ACCIDENT DATE: 05 / 08 / 2018 (DD/MM/YYYY), TIME: 08 : 00 (HH:MM)

LOCATION: ALONG PAYA LEBAR RD TRAFFIC LIGHT TO PIE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: F8457501
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER: MSD / VMT / 17-390682
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: PIAGGIO (GILERA RUNNER 50200)
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: GOING TO WORKPLACE
 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: MUNDAN KAKIM (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S93114801 CONTACT: 81632721
 c) ADDRESS: 8161 EUNOS CRESCENT #02-2519
540001

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*d) DATE OF BIRTH: 29 / 03 / 1993 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 2

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: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: S2U 1992 F MODEL: _____
 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)
 ()

* No of passenger
 (including driver)
 ()

* No of passenger
 (including driver)
 ()

Email = AM-ELR@HOTMAIL.COM

fax =

VIDEO =

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of Muhammad Ali Hakim Bin Hashim

Licence Number: **S93114801**

Name: **MUHAMMAD ALI HAKIM BIN HASHIM**

Birth Date: **29 Mar 1993**

Issue Date: **05 Jan 2016**

Barcode: 002515004A

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S93114801**

Portrait photo of Muhammad Ali Hakim Bin Hashim

Name: **MUHAMMAD ALI HAKIM BIN HASHIM**

Race: **MALAY**

Date of birth: **29-03-1993**

Sex: **M**

Country/Place of birth: **SINGAPORE**

Small portrait photo

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

		EFFECTIVE DATE
C	Class 2B	MOTORCYCLES NOT EXCEEDING 200 CC
	Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS

68 Jan 2016

65 Jan 2016

S / No. 9000232836

NP 428A

Barcode: Licence No: S93114801

5204892

Barcode

NRIC No **S93114801**

Portrait photo of Muhammad Ali Hakim Bin Hashim

Date of issue: **15-08-2013**

Address: **APT BLK 1 EUNOS CRESCENT #02-2519 SINGAPORE 400001**

**MSIG**

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

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 : 72026300

Agency : A0074-001-10223

Date : 24 Aug 2017

Name : MUHAMMAD ALI HAKIM BIN HASHIM

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 28 Aug 2017 to midnight on 27 Aug 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.	FBG5750A	Insured Value	Third Party Liability (TPL)
Engine No.	M464M0009989	C.C.	198
Chassis No.	ZAPM4640100006654		
Year Manufactured	2012	Year of Registration	2012
Make & Model	PIAGGIO [GILERA RUNNER ST 200]		
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.



Not valid unless countersigned by Authorized Person

For MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurer

(Please read important information on the reverse page.)