

NATIONAL Assessment Centre Services

[wef 1 Jan 2005]

NA418105653

Date In: 15/08/2008 16:13	Job description	Date & Time Completed	Done by
Ref No: NA418105653	SAS e-filing		
Veh No: FBD 3579H	E-mail (w/within 3hrs, AOC 2hrs)		
D.O.A: 12/08/2008 09:30	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 Fax / Hand to Owner/Wksp		

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

NA1805100	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	Int Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
Dat 1:	6) TR: Re-inspection \$75		
Dat 2/3:	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N3: 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: Idao 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	15/08/2018 16:13
Date Of Accident	12/08/2018 09:30
Exact Location Of Accident	ALONG UPPER BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD3579H
Insured/Policyholder	
Name Of Registered Owner	WILSON PARKING (SINGAPORE) PTE LTD
Co Reg No	-
Email Address	AZRIYAMAHA1982@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87532807
Alternative Phone No	OFFICE-87532807

Vehicle Particulars

Manufacturer	YAMAHA
Model	FINO-114CC (A)
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	B 27638761 VMF
Cover Note Number	

Driver

Name of Driver	MOHAMMAD AZRI BIN ABDUL KHALID
NRIC No	S8114886D
Date Of Birth	03/06/1981
Occupation	OUTDOOR
Date Of Driving Pass	17/02/2003
Driving Experience	15 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87532807
Fax Number	
Contact Number	OTHERS-87532807
EMail Address	AZRIYAMAHA1982@GMAIL.COM

Address	BLK 619 BUKIT PANJANG RING ROAD #06-818
Postcode	670619
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180813/2069

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	UNKNOWN
Vehicle Make/Model/Colour	LORRY
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)

DETAILS OF INJURED PERSON 1

Name	MOHAMMAD AZRI BIN ABDUL KHALID
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBD3579H
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

UPPER BUKIT TIMAH



FBD3579H

UNKNOWN
PLATE NO.
(LORRY)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LORRY DRIVEN BY ME, I WAS HIT BY

PLS REFER TO POLICE REPORT
T/20180813/2069

DECLARATION

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



[Signature]
Policyholder's Signature
Date & Time: 12/08/18

[Signature]
Driver's Signature
(if driver is not the policyholder)
Date & Time:

[Signature] 15/08/2018
Reporting Centre Personnel's Signature
Name: Keshi
NRIC/FIN No.: W111111111

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.

X
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.:

15/08/2018
Rafael Winters



SINGAPORE POLICE FORCE



T/20180813/2069

1 of 3

Report No. T/20180813/2069

Police Station Of Origin:
Traffic Police Division HQ
6 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/08/2018 13:37	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: MOHAMMAD AZRI BIN ABDUL KHALID		Address: APT BLK 819 BT PANJANG RING RD #06-818 HDB-BT PANJANG SINGAPORE 670619	
ID Type / ID No.: NRIC NO / S8114886D		Contact No.: Home/Office: Mobile: 87532807	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 37	Date of Birth: 03/06/1981	Type of Informant: Rider
Race: Malay		Language:	Institution / School Name:
Occupation: CARPARK TECHNICIAN		Driving Licence Information: Class: 2B,2A2 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Driver: No	Date/Time of Accident: 10/08/2018 9:30	Type of Location: Straight Road
Location: Along Road 1 UPPER BUKIT TIMAH ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD3579H	Motorcycle	YAMAHA	FINO 115	Red	Seriously Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180813/2069

2 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180813/2069

CONTINUATION OF REPORT

Rider			
Name	MOHAMMAD AZRI BIN ABDUL KHALID	ID No.	S8114886D
Related Vehicle	FBD3579H (Motorcycle)	Contact No.	87532807
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2 Date of Expiry: NIL
Date Treatment	10/08/2018	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	Serious

Brief Details.

ON THE ABOVE MENTION DATE TIME AND LOCATION
I WAS TRAVELLING ALONG THE SAID LOCATION. THERE WERE A 2 LANES. THE LORRY
INFRONT OF ME WAS SLOWING DOWN AND THEN I COLLIDED ONTO HIM. I WASN'T ABLE TO
RECALL EXACTLY WHAT HAPPEN. THE INVESTIGATING OFFICER TOLD ME THAT THE VIDEO
FOOTAGE FROM THE LORRY SHOWS THAT I ACTUALLY COLLIDED ONTO THE REAR OF THE
LORRY. HOWEVER I SUSPECT THAT THE LORRY DRIVER JAM BRAKE AND THUS THE
ACCIDENT.



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Traffic Police Division HQ
SINGAPORE 408865

T/20180813/2069

Report No. T/20180813/2069



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20180813/2069

3 of 3

Report No. T/20180813/2069

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:

TP /
NG JIN SHENG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
13/08/2018 13:37

Officer In Charge Of Case:

TP / GIT /
Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI
Contact No.: 65476904

Classification Of Case:

SINGAPORE
POLICE FORCE

Authentication Stamp
NP168

Signature:

The photo

ACCIDENT STATEMENT

ACCIDENT DATE: (12 / 08 / 18) (DD/MM/YYYY), TIME: (09:30) (HH:MM)

LOCATION: UPPER BUKIT TIMAH.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBD 5579H.
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: YAMAHA INO
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / ~~MOTORCYCLE~~ / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / ~~COMMERCIAL~~ / ~~MOTORCYCLE~~)
h) PURPOSE OF USING AT ACCIDENT TIME: WORK PURPOSE
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: MOHAMMAD AZRI BIN ABUL KHAUD (MALE / FEMALE) 87532807
b) NRIC/FIN/PASSPORT: S8114886D CONTACT: 8371 85522
c) ADDRESS: 619, BUKIT JANTANG RING ROAD #06-218
5670619

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: _____

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) CLEAR

b) ROAD SURFACE: (DRY / WET / OTHERS) DRY

6. WAS ANYBODY INJURED (YES / NO) NO

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

IF YES, PLEASE STATE WHICH POLICE STATION: TRAFFIC POLICE

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ 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: _____

Email = azriyamahe1982@gmail.com

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8114886D



Name

MOHAMMAD AZRI BIN ABDUL
KHALID

Race

BOYANESE

Date of birth

03-06-1981

Country/Place of birth

SINGAPORE

Sex

M



5616753



NRIC No. S8114886D



Date of issue

29-06-2016

Address

APT BLK 619 BUKIT PANJANG RING ROAD
#06-818
SINGAPORE 670619

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8114886D

MOHAMMAD AZRI BIN ABDUL
KHALID

Birth Date: 03 Jun 1981

Issue Date: 29 Jun 2016



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

EFFECTIVE DATE

Class 2B Motorcycles \leq 200 cc
Class 2A Motorcycles between 201 cc and 400 cc
Class 2 Motorcycles $>$ 400 cc

17 Feb 2003
14 Aug 2007
14 Oct 2008



NP 426A



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, 1969 (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.Y.100
Commercial Cycles

MOTOR CYCLE FLEET MARKET VALUE
Comprehensive

Certificate No. B 27638761 VMP

Excess : SGD600

1. Index Mark and Registration Number of Vehicle
FBD3579H

2. Name of Policyholder
Wilson Parking (Singapore) Pte Ltd

3. Effective Date of the Commencement of Insurance for the purposes of the Act
29/01/2018

4. Date of Expiry of Insurance
28/01/2019

5. Persons or Classes of Persons entitled to drive*

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*

(a) Use only for the Policyholder's business or profession.

(b) Use for social domestic and pleasure purposes.

The Policy does not cover use for the carriage of passengers for hire or reward racing pace-making reliability trial or speed-testing.

* 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