

NATIONAL Assessment Centre Services (wef: Jan 2005) **MAY 18/15351**

| | | | |
|----------------------------|--|-----------------------|---------|
| Date In: 05/09/2018 19:51 | Job description | Date & Time Completed | Done by |
| Ref No: NPA 1805680/162534 | SAS e-filing | | |
| Veh No: FU 6747H | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A: 14/03/2018 16:45 | 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: **SBS 8051B** 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

| XIA 1805680 Claimant's Particulars :- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments :- Cat. 1: Cat. 2 / 3: | Invoice Preparation Checklist | | Amt (\$) | Amt (\$) |
|--|---|-------------|----------|----------|
| | | | 1st Bill | Add Bill |
| | 1) AR: Accident Reporting (\$30); | | | |
| | 2) DA: Damage Assessment (\$100); INC (\$80) | | | |
| | 3) TF: Towing Fee \$40/\$45 | | | |
| | 4) FT: Follow-Through Survey \$120 | | | |
| | 5) FT: Follow-Through Survey (Resurvey) \$30 | | | |
| | 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:- | | | |
| | 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 | \$0 | | |
| | 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 | 05/09/2018 19:51 |
| Date Of Accident | 14/03/2018 16:45 |
| Exact Location Of Accident | ALONG HENDERSON ROAD AT BUS STOP 14241 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | FU6747H |
| Insured/Policyholder | |
| Name Of Registered Owner | HATIJAH BINTE SALLEH |
| NRIC No | S1143102Z |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-86983453 |
| Alternative Phone No | OTHERS-86983453 |

Vehicle Particulars

| | |
|--|------------------------|
| Manufacturer | HONDA |
| Model | PHANTOM 200M-197CC (M) |
| Exact Purpose for which vehicle was being used at time of accident | ON THE WAY HOME |
| 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 | MSD/VMT/18-991111-WTT |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | MD AMIN BIN TALIB |
| NRIC No | S0362438B |
| Date Of Birth | 19/01/1954 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 23/06/2010 |
| Driving Experience | 7 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-86983453 |
| Fax Number | |
| Contact Number | OTHERS-86983453 |
| E-Mail Address | NOEMAIL |

| | |
|---|----------------------------------|
| Address | BLK 92 HENDERSON ROAD #07-188 |
| Postcode | 150092 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | SPOUSE |
| 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 | BUKIT MERAH WEST NPC |
| Police Station Address | ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 , 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 T/20180321/2175

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 | SBS8051B |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | BUS |
| Name of Driver | CHUA ING HOWE |
| NRIC/Passport Number | G7972978M |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

| | |
|---|-------------------|
| Name | MD AMIN BIN TALIB |
| Approximate Age | |
| Injuries Sustain | SERIOUS INJURY |
| Injured person in which vehicle? | FU6747H |
| Were seat belts worn? | |
| Was this injured conveyed to hospital by ambulance? | YES |
| Address | |
| Postcode | |

SKETCH PLAN

IMPORTANT NOTICE

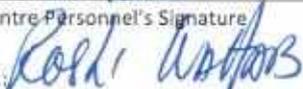
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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.

04.09.2018
Policyholder's Signature
Date & Time:

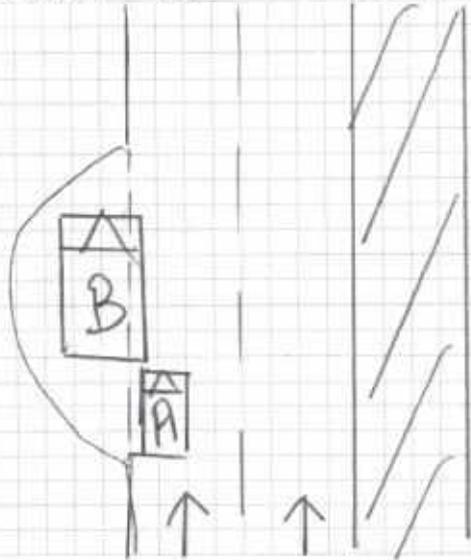

Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

SKETCH PLAN

ALONG HENDERSON RD BUS STOP 14241

- A) FU6747H
- B) SBS 8051 B



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
 7/20/80321/2175

DECLARATION

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

04.09.2018

Policyholder's Signature
Date & Time:

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

05/09/2018

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



**SINGAPORE
POLICE FORCE**



T/20180321/2175

1 of 3

Report No. T/20180321/2175

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 21/03/2018 20:13 | Vide Report No.: | Station Diary No.: 52 |
|--|------------------|--------------------------|

| Informant's Particulars | | | |
|--|------------|---|-----------------------------|
| Name of Informant: MD AMIN BIN TALIB | | Address: APT BLK 92 HENDERSON ROAD #07-188 SINGAPORE 150092 | |
| ID Type / ID No.: NRIC NO / S0362438B | | Contact No.: Home/Office: Mobile: 86983453 | |
| Nationality: SINGAPORE CITIZEN | | Email: | |
| Sex: Male | Age: 64 | Date of Birth: 19/01/1954 | Type of Informant: Rider |
| Race: Malay | | Language: | Institution / School Name: |
| Occupation: Other domestic helpers and cleaners | | Driving Licence Information: Class: 2B | Date of Expiry: |

| General Information of the Accident | | | | |
|--|---------------------------------|------------------------------------|---|------------------------------------|
| Type of Accident: | Injury Conveyed By Ambulance | Drink Drive: No | Date/Time of Accident: 14/03/2018 16:45 | Type of Location: Straight Road |
| Location: Along Road 1 Traveling Toward Road 2 HENDERSON ROAD BUKIT MERAH CENTRAL Henderson Rd > Bukit Merah Central | | | | |
| Weather: Sunny | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | Traffic Volume: | |
| 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 |
| FU6747H | Motorcycle | | | | Slightly Damaged | 0 |

| Details of Person Involved | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|----------------------------|--|----------------------------------|
| Rider | | | |
| Name | MD AMIN BIN TALIB | ID No. | S0362438B |
| Related Vehicle | FU6747H (Motorcycle) | Contact No. | 86983453 |
| Hospital/Clinic | SINGAPORE GENERAL HOSPITAL | Class of Driving Licence & Expiry Date | Class: 2B Date of Expiry: NIL |
| Date Treatment | 14/03/2018 | Date Discharge | 19/03/2018 |
| No. of Days granted Medical Leave | 30 | Degree of Injury | Serious |

Brief Details.

On the 14/03/2018 at about 1645hrs, I was travelling on my motorcycle regn no. FU 6747 H, along Henderson Road towards Bukit Merah Central (before CMPB). I was travelling behind a SBS bus. As the bus was about to stopped at the bus stop, I wanted to over take said bus however as I inched out to the right, I then heard a honk from a car. I immediately went back into the left lane to avoid collision however I did not realized that he bus was stationary.

I then hit onto the SBS bus rear right side. The collision caused cause me to fall off to the left of my motorcycle. I felt a sharp pain and the bus passengers alighted and assisted me. They carried me to the bus stop and called for ambulance. Ambulance arrived within minutes and I was conveyed to SGH.

I wish to add that I was hospitalized from the 14/03/2018 to 19/03/2018 and given about a month's MC. An operation was required on my left leg. I am not sure of my motorcycle's damages. Particulars of the SBS bus driver as follows:

- 1) Chua Ing Howe
G7972978M



**SINGAPORE
POLICE FORCE**



T/20180321/2175

3 of 3

Report No. T/20180321/2175

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

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:
D /
Sgt 2 MOHAMMED MUNZIR BIN AZIZ

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
21/03/2018 20:13

Officer In Charge Of Case:
TP / GIT /
Staff Sgt MA JUNXIANG
Contact No.: 65476251

Classification Of Case:

Authentication Stamp
NP168

ACCIDENT STATEMENT

ACCIDENT DATE: 14/03/2018 (DD/MM/YYYY), TIME: 16:45 (HH:MM)
 LOCATION: Away Highway 85A Road at Bales Stop 14241

1. DETAILS OF VEHICLE KU 672H
 - a) VEHICLE NUMBER: KU 672H
 - b) INSURANCE COMPANY: MILIA
 - c) POLICY NUMBER: msd/vm/18-99111-WTT
 - d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 - e) MAKE & MODEL: HONDA PT 200
 - f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 - g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 - h) PURPOSE OF USING AT ACCIDENT TIME: on the back home
 - 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: HARIZAH BINTI SAUJAT (MALE / FEMALE)
 - b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 - c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passengers
(including driver)
(1)

- DRIVER
 - a) NAME: MD AMIN BIN TALIB (MALE / FEMALE)
 - b) NRIC/FIN/PASSPORT: _____ CONTACT: 86983453
 - 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)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Spouse
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 MERAH WAJ

No of passengers
(including driver)

8. THIRD PARTY VEHICLE SBS 8051B
 - a) VEHICLE NUMBER: SBS 8051B MODEL: _____
 - b) DRIVER'S NAME: CHIA HUI HAWK
 - c) NRIC/FIN/PASSPORT: G 19729787A CONTACT: _____

No of passengers
(including driver)

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

EMAIL = no email
 VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0362438B

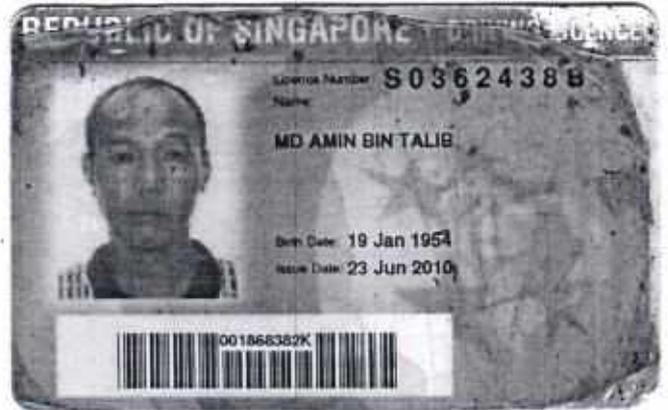


Name
MD AMIN BIN TALIB



Race
MALAY
Date of birth
19-01-1954
Country/Place of birth
SINGAPORE

Sex
M



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1143102Z



Name
HATIJA BINTE SALLEH

Race
BOYANESE
Date of birth
19-10-1955
Country of birth
SINGAPORE

Sex
F

5584481

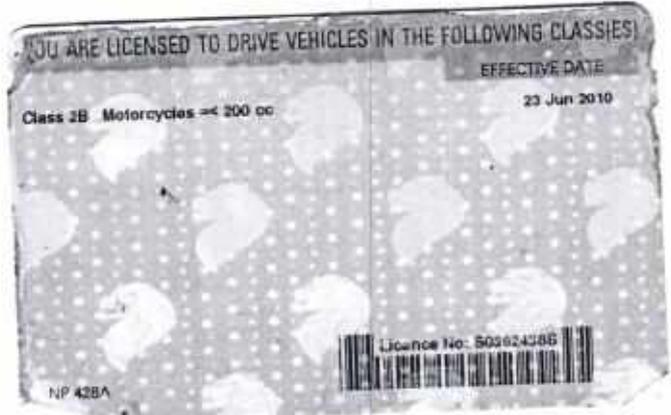


NRIC No. S0362438B



Date of issue
07-04-2016

Address
APT BLK 92 HENDERSON ROAD
#07-188
SINGAPORE 150092



4818245



NRIC No. S1143102Z



Date of issue
11-12-2012

Address
APT BLK 92 HENDERSON ROAD
#07-188
SINGAPORE 150092



W 704545

MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg No. 2004122120)
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)
The Motor Vehicles (Third Party Risks and Compensation) Act (CAP. 189 of the Revised Edition) (Republic of Singapore)
The Motor Vehicles (Third Party Risks and Compensation) Rules, 1996 Edition (Republic of Singapore)
Or any Amendment, Act or Acts passed in substitution thereof.

CERTIFICATE NO : MSD/VMT/18-991111-WTT A0633-001/W0845

SUM INSURED : TFL
EXCESS : NIL

S11431022

- 1. Index mark and Registration Number of Vehicle: FUG747H
HONDA PHANTOM 197 c.c.
- 2. Name of Policyholder: HATIJAH BINTE SALLEH
- 3. Effective date of the Commencement of Insurance for the purposes of the Act: 0001AM 08/04/2018
- 4. Date of Expiry of Insurance: 07/04/2019

5. Persons or Classes of Persons entitled to drive
a. The Policyholder.

b. MD AMIN BIN TALIB ONLY
Provided that the person driving is permitted in accordance with the licensing or other 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. And provided further that the Motor Vehicle is registered and licensed under the Road Traffic Act and its registration and licensing under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitation as to Use
Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

- 7. The Policy does not cover
 - 1. Use for hire or reward.
 - 2. Use for racing, pace-making, reliability trial or speed-testing.
 - 3. Use for the carriage of goods (other than samples) in connection with any trade or business.
 - 4. Use for any purpose in connection with the Motor Trade.

* 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.

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).

Repl CN: 60795110
05/04/2018 (L)
WTT-CI-04(04/14)

WTT INSURANCE AGENCIES PTE LTD
Underwriting Agent
For MSIG Insurance (Singapore) Pte. Ltd.