

**NATIONAL Assessment Centre Services** (wef 1 Jan 2005) **MAY 18/15941**

Date In: <b>07/09/2018 11:28</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NBA/M89180163394</b>	SAS e-filing		
Veh No: <b>SKZ 2351G</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>03/07/2018 21:20</b>	i-Motor Claim Form		
OD <b>TP</b> 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: **JSC 3365** 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)

Remarks:-	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

**NBA805723**

Claimant's Particulars :-	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
			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			
	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) NI: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	ON*			
	*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 (N/a INC) against INC \$20			
	9) N12: Idao Mobile 30			
	Invoice dated	Fee Charged		
	Invoice dated	Fee Charged		

**Auditors' Comments :-**

Cat 1:

Cat 2 / 3:

## 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	07/09/2018 11:38
Date Of Accident	03/07/2018 21:20
Exact Location Of Accident	ALONG CLEMENTI AVENUE 3 NEAR ENTRANCE CLC 16
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ2351G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DEAN NIZAM
NRIC No	S2202339Z
Email Address	DEANNZM01@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90105346
Alternative Phone No	OTHERS-90105346

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 CVT (A)
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 28873623 QMY
Cover Note Number	

### Driver

Name of Driver	DEAN NIZAM
NRIC No	S2202339Z
Date Of Birth	02/09/1954
Occupation	INDOOR
Date Of Driving Pass	26/08/1981
Driving Experience	36 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90105346
Fax Number	
Contact Number	OTHERS-90105346
Email Address	DEANNZM01@GMAIL.COM



Address	2 JALAN LEMPENG #11-02
Postcode	128793
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?	YES
Foreign Vehicle Registration Number	JSC3365 (MOTORCYCLE)
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)	2
Passenger 1	NAME: : WIFE GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8729999 - FAX NO: 67748639
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180811/2039

#### 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	JSC3365
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MR. SOH
NRIC/Passport Number	
Contact Number	+601137853308

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## 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: 7<sup>th</sup> Sep 2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

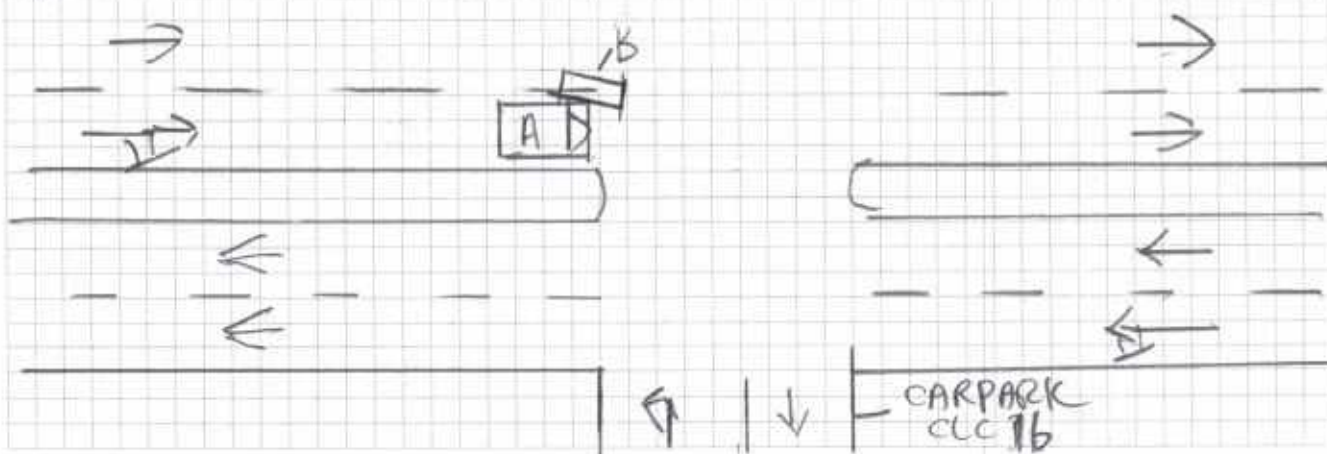


SKETCH PLAN

ALONG CURRIEMOUNT AVENUE 3 NEAR ENTRANCE CLC 16

A) SKZ 2351 G  
B) JSC 336

BUS  
INTERCHANGE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DIS REF'd 20 Police Report  
1/20180811/2039

DECLARATION

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

Policyholder's Signature

Date & Time: 7th Sep 2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

07/09/2018  
Name: Rosli Notari  
NRIC/FIN No.:



# SINGAPORE POLICE FORCE



T/20180811/2039

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

1 of 3

Report No. T/20180811/2039

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/08/2018 11:47		Vide Report No.:		Station Diary No.: 56	
<b>Informant's Particulars</b>					
Name of Informant: DEAN NIZAM			Address: 2 JALAN LEMPENG #11-02 SINGAPORE 128793		
ID Type / ID No.: NRIC NO / S2202339Z			Contact No.: Home/Office: Mobile: 90105346		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 63	Date of Birth: 02/09/1954	Type of Informant: Driver		
Race: Ceylonese			Language: English		Institution / School Name:
Occupation: MANAGER			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 03/07/2018 21:20	Type of Location: X-Junction
Location: Along Road 1 CLEMENTI AVENUE 3  Near entrance of CLC16				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
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
JSC3365	Motorcycle				No Damage	0
SKZ2351G	Car	TOYOTA	Wish	White	Slightly Damaged	1

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20180811/2039

Police Station Of Origin:

Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

2 of 3

Report No. T/20180811/2039

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	DEAN NIZAM		ID No.	S2202339Z
Related Vehicle	SKZ2351G (Car)		Contact No.	90105346
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.**

On 03/07/2018 at about 2120hrs, I was driving along Clementi Ave 3 towards the direction of Clementi swimming pool.

I had stopped at the traffic junction at the entrance of carpark CLC16. I was on the right lane and wanted to go straight. While waiting for the traffic light to turn green, a motorcycle had came along and stopped on the left side of my vehicle.

When the traffic light turned green, I was accelerating when suddenly the motorcycle abruptly turn right and cut into my path. As a result the front left corner of my vehicle collided into the motorcycle and I stopped immediately. Fortunately, the motorcycle did not fall down. I then signaled the motorcyclist to turn right into the carpark.

While inside the carpark, I checked with motorcyclist and he informed he did not suffer any injury. There is no damage to his motorcycle. I realized that he was riding a Malaysian registered motorcycle and I do not know how to claim against his insurance. He also did not offer me any compensation of the damage on my car. I then told the motorcyclist to ride safe. He then gave me his name as Mr Soo and Malaysia contact number +601127853308.

There is no in-car camera installed in my vehicle. This is the first time I had an accident with a foreign vehicle. Hence I do not know that I have to lodge a police report even though it is a minor accident.





**SINGAPORE  
POLICE FORCE**



T/20180811/2039

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

3 of 3

Report No. T/20180811/2039

**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 PAY ZHIQIN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SSI 2 YEO GEAK ENG CECILIA  
Contact No.: 65476404

Authentication Stamp

NP168

SN 37

Signature Of Informant:

Date/Time:  
11/08/2018 11:47

Classification Of Case:

# ACCIDENT STATEMENT

ACCIDENT DATE: 03/07/2018 (DD/MM/YYYY), TIME: 21:20 (HH:MM)

LOCATION: ALONG CLAMMANI AVE 3 NEAR FORT RANCH OF CLC 16

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKZ 2351 G  
 b) INSURANCE COMPANY: M814  
 c) POLICY NUMBER: A 28473623 GMY  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: TOYOTA WISH  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE  
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE  
 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: PHAN NIZAN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 90105944  
 c) ADDRESS: \_\_\_\_\_

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

## DRIVER

- a) NAME: AS ABOM (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: 02/07/1954 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 26/08/1981

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: CLAMMANI UP

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: DA J8C 3365 MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: MIL. 204  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 1601127853308

## 9. THIRD PARTY VEHICLE

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

EMAIL = deannzm01@gmail.com

VIDEO =

**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. S2202339Z



Name  
**DEAN NIZAM**

Race  
**CEYLONESE**

Date of Birth  
**02-09-1954**

Country of Birth  
**SRI LANKA**

Sex  
**M**



**REPUBLIC OF SINGAPORE** DRIVING LICENCE



License Number  
**S2202339Z**

Name  
**DEAN NIZAM**

Birth Date  
**02 Sep 1954**

Issue Date  
**08 Jul 2003**



**ADDRESS**



NRIC No. **S2202339Z**




Blood Group  
**O+**

Date of issue  
**08-12-2001**


Address  
**2 JALAN LEMPENG  
#11-02  
SINGAPORE 128793**

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:**

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	29 Aug 1961
Class 2A	Motorcycles between 201 cc and 400 cc	26 Aug 1961
Class 2	Motorcycles exceeding 400 cc	26 Aug 1961
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	26 Aug 1961

NP 425A

License No: S2202339Z







**MSIG**

MSIG Insurance (Singapore) Pte. Ltd.  
4 Shenton Way, # 21-01, SGF 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, 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 RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)  
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.X.1  
Individual Ownership

**MOTOR MAX PLUS**  
Comprehensive

Certificate No. A 28873623 QMY

Excess : SGD500

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle  
SKZ2351G

2. Name of Policyholder  
Dean Nizam

3. Effective Date of the Commencement of Insurance for the purposes of the Act  
15/01/2018

4. Date of Expiry of Insurance  
14/01/2019

5. Persons or Classes of Persons entitled to drive\*

Dean Nizam

Etsumi Sasaki

Takamaro Sasaki

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\*

Use only for social domestic and pleasure purposes and for the Policyholder's business.  
The Policy does not cover use for hire or reward racing pace-making reliability trial speed-testing the carriage of goods other than samples in connection with any trade or business or 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.

**PLEASE NOTE ALL CLAIMS RELATED REPAIR CAN BE CARRIED OUT AT ANY WORKSHOP OF YOUR CHOICE OR AT ANY MSIG AUTHORISED WORKSHOP LISTED IN THE ATTACHED.**

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