

NATIONAL Assessment Centre Services [ver 1 Jan'05] **MAA-418149522**

Date In: 19/11/2008 14:48	Job description	Date & Time Completed	Done by
Ref No: NBA/MSG/80208794	SAS e-filing		
Veh No: FXK 277SC	E-mail (w/idea Shrs, AIC Shrs)		
D.O.A: 16/11/2008 19:55	I-Motor Claim Form		
<input checked="" type="radio"/> 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: **GBO 65204** 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%. P: 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 Module: 678816016)

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: ()

Date/Time	Actions

NA1807530

Client's Particulars:	Invoice Information: Client's Name: () Address: ()
Driver/Owner:	1) AR: Accident Reporting (\$30);
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)
Damaged Portion:	3) TP: Towing Fee \$40/\$45
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120
	5) PT: Follow-Through Survey (Resurvey) \$30
	For claiming against INC Only (w/ef 10 Jan 2005)
	6) TR: Re-inspection \$75
	7) NI: Idau DA + SMRT Survey \$160
	8) NIUC Additional Services:-
	ON:
	*N5: Courtesy Car / Tpt Allowance \$3
	*N6: Repair Co-ordination \$10
	*N7: Post Repair Inspection \$25
	*N8: DV / Collect Excess Coordination \$3
	TP (N11): TP (N11) against INC \$20
	9) N12: Idau Mobile \$0
	Invoice dated Fee Charged
	Invoice dated Fee Charged

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 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. 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	19/11/2018 14:45
Date Of Accident	16/11/2018 19:55
Exact Location Of Accident	FILTER LANE OF TPE EXIT TOWARDS PUNGGOL ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK2775C
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD SHUIB BIN ZAKARIYAH
NRIC No	S9410688E
Email Address	MUHAMMADSHUIB94@GMAIL.COM
Mobile Phone No	(LOCAL) +65-86114980
Alternative Phone No	OTHERS-86114980

Vehicle Particulars

Manufacturer	PIAGGIO
Model	VESPA LX-155CC I.E. 3V
Exact Purpose for which vehicle was being used at time of accident	COLLECTING ITEM
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MSD/VMT/18-387825-CA
Cover Note Number	

Driver

Name of Driver	MUHAMMAD SHUIB BIN ZAKARIYAH
NRIC No	S9410688E
Date Of Birth	02/04/1994
Occupation	INDOOR
Date Of Driving Pass	19/07/2013
Driving Experience	5 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86114980
Fax Number	
Contact Number	OTHERS-86114980
Email Address	MUHAMMADSHUIB94@GMAIL.COM

Address	BLK 155 MEI LING STREET #03-287
Postcode	140155
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	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?	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	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181117/2034

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	GBD6520G
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ROY CHUA
NRIC/Passport Number	S8974854B
Contact Number	98750173
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name

MUHAMMAD SHUIB BIN ZAKARIYAH

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBK2775C

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

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.



Policyholder's Signature

Date & Time: 19/11/18

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



19/11/2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ref Refer to Police Report
7/2018/117/2034

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time: 19/11/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature] 19/11/2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Koh Li Wei



SINGAPORE POLICE FORCE



T/20181117/2034

1 of 3

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20181117/2034

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/11/2018 11:28		Vide Report No.:	Station Diary No.: 38
Informant's Particulars			
Name of Informant: MUHAMMAD SHUIB BIN ZAKARIYAH		Address: APT BLK 155 MEI LING STREET #03-287 SINGAPORE 140155	
ID Type / ID No.: NRIC NO / S9410688E		Contact No.: Home/Office: ** Mobile: 86114980	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 24	Date of Birth: 02/04/1994	Type of Informant: Rider
Race: Boyanese		Language:	Institution / School Name:
Occupation: TECHNICIAN		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/11/2018 19:55	Type of Location:
Location: Along Road 1 PUNGGOL ROAD				
Filter lane of TPE exit towards Punggol Road				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow:	Traffic Control: Not Controlled		Traffic Volume:	
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
FBK2775C	Motorcycle	PIAGGIO	VESPA LX 150 I.E. 3V	Green		0
GBD6520G	Van					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK2775C	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT18387825	28/08/2018	27/08/2019



SINGAPORE POLICE FORCE



T/20181117/2034

2 of 3

Report No. T/20181117/2034

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Rider		Use of Pedestrian Crossing: NA	
Name	MUHAMMAD SHUIB BIN ZAKARIYAH	ID No.	S9410688E
Related Vehicle	NIL	Contact No.	86114980
Hospital/Clinic	SINGHEALTH POLYCLINICS - QUEENSTOWN	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	17/11/2018	Date Discharge	17/11/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	ROY CHUA	ID No.	S8974854B
Related Vehicle	NIL	Contact No.	98750173
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 16/11/2018 at 1957hrs, while I was stationary along the filter lane of TPE Exit towards Punggol Road, a Vehicle (GBD6520G) suddenly collided onto my rear and I fell together with my motor bicycle. He came down and we exchanged contact number. My motorcycle rear and the box was damaged. No traffic police or Ambulance was at scene. I went to Queenstown Polyclinic for consultation as I felt pain on my right knee and was given 3 days Medical Certification. I am not sure if there is any CCTV around the vicinity. I Wish to state that his vehicle has a built in Camera.



**SINGAPORE
POLICE FORCE**



T/20181117/2034

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

3 of 3

Report No. T/20181117/2034

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 1 LIM TIAN WEN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
17/11/2018 11:28

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt ONG YONG HOCK
Contact No.: 65476436

Classification Of Case:

Authentication Stamp
NP168

SIGNATURE

ACCIDENT STATEMENT

ACCIDENT DATE: 16 / 11 / 2018 (DD/MM/YYYY), TIME: 19 : 57 (HH:MM)

LOCATION: Punggol Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBK 2775C
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER: 511796
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: PIAGGIO VESPA LX 150
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Collecting items
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (YES)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Muhammad Shuib bin Zakariah (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9410688F CONTACT: 8611 4980
 c) ADDRESS: 155 Mei Ling St #103-287 140155

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: DR BROOK (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)

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: Queenstown Police Station

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: G8D 65204 MODEL: Nissan Van
 b) DRIVER'S NAME: Roy Chua
 c) NRIC/FIN/PASSPORT: S874857B CONTACT: 98750173

9. THIRD PARTY VEHICLE

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

email = muhammadshuib94@gmail.com

fax =

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9410688E



Name

MUHAMMAD SHUIB BIN
ZAKARIYAH

Race

BOYANESE

Date of birth

02-04-1994

Country of birth

SINGAPORE

Sex

M



REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: S9410688E

Name

MUHAMMAD SHUIB BIN
ZAKARIYAH

Birth Date: 02 Apr 1994

Issue Date: 19 Jul 2013



4333630

NRIC No. S9410688E



Date of issue

05-01-2009

APT BLK 155 MEI LING STREET #03-287
SINGAPORE 140155

NRIC No. S9410688E

Date: 05/11/2011

No: 6851264

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 2B
Class 3

Motorcycles <= 250 CC

Motor cars <= 2000 kg with <= 7 passengers, exclusive of the
driver; and motor tractors/vehicles <= 2500 kg

EFFECTIVE DATE

19 Jul 2013
07 Feb 2017

S9410688E

S / No. 9000266562

NP 428A



Sub-Total

Total Before Road Tax

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 : WSD/VMT/18-387825-CA A0074-001/10110

SEM INSURED : TPL
EXCESS : NIL

1. Index mark and Registration Number of Vehicle FBK2775C
2. Name of Policyholder PIAGGIO MUHAMMAD SHUIB BIN ZAKARIYAH 155 c.c.
3. Effective date of the Commencement of Insurance for the purposes of the Act 1201AM 28/08/2018
4. Date of Expiry of Insurance 27/08/2019
5. Persons or Classes of Persons entitled to drive
a. The Policyholder.
b. MUHAMAD GHAZALI BIN SALIM 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).

COMMERCIAL AGENCY PTE. LTD.
Underwriting Agent
For MSIG Insurance (Singapore) Pte. Ltd.

25/08/2018 (CO)
CA/C1-03 (05/13)

Presented within 3 months from the date

WARNING:

A test certificate should not be issued if the vehicle is not in satisfactory mechanical condition

STA
VEHICLE INSPECTION
A member of ST Engineering

STA Inspection Pte Ltd
Sin Ming Centre
302 Sin Ming Road
Singapore 575627
Tel : (65) 6452 1398
Fax : (65) 6453 8244
sta.com.sg
(Co. Regn. No. 128274873M)

Jalan Boon
243 Jalan Boon
Singapore 6
Tel : (65) 628
Fax : (65) 628