

NATIONAL Assessment Centre Services

[wef 1 Jan 05]

19 May 18 150095

Date In: 20/11/2018 12:15	Job description	Date & Time Completed	Done by
Ref No: N84/M8918020939/4	SAS e-filing		
Veh No: N84 20224	E-trail (with: 3hrs, AIC 2hrs)		
D.O.A: 17/11/2018 17:45	I-Motor Claim Form		
OD / TP & Reporting Only	I-Motor W/O (With: 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: SCM 8832J	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: ()

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

Injury: ()

Date/Time	Location	Done by

NA/807572	Invoice Breakdown
Client/Particulars:	1) AR: Accident Reporting (\$30)
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$50)
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)
	6) TR: Re-inspection \$75
	7) NI: Idao DA + SMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	*NS: Courtesy Car / Tpt Allowance \$5
	*NG: Repair Co-ordination \$10
	*NJ: Post Repair Inspection \$25
	*ND: DV / Collect Excess Coordination \$5
	TP (Nil): TP (Nil) INC against INC \$20
	9) NI: Idao Mobile \$0
	Invoice dated
	Invoice dated

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	20/11/2018 12:15
Date Of Accident	17/11/2018 17:45
Exact Location Of Accident	AYE (TUAS) EXIT 13 JURONG TOWN HALL ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBA2022U
Insured/Policyholder	
Name Of Registered Owner	ADLY IDZUAN BIN ROSLAN
NRIC No	S8819886G
Email Address	GUTSY_FISH@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91098279
Alternative Phone No	OTHERS-91098279

Vehicle Particulars

Manufacturer	SUZUKI
Model	DRZ400SMK5-398CC
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	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	60801230

Driver

Name of Driver	ADLY IDZUAN BIN ROSLAN
NRIC No	S8819886G
Date Of Birth	06/06/1988
Occupation	INDOOR
Date Of Driving Pass	09/06/1988
Driving Experience	30 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91098279
Fax Number	
Contact Number	OTHERS-91098279
EMail Address	GUTSY_FISH@HOTMAIL.COM

Address	BLK 259A PUNGGOL FIELD #11-27
Postcode	821259
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	1
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

PLEASE REFER TO SKETCH PLAN

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	SCM8832J
Vehicle Make/Model/Colour	VOLVO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG PANG CHAN
NRIC/Passport Number	S7500951H
Contact Number	97894867
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	4
Passenger 1	NAME: ;
	GENDER: ;

Passenger 2

NAME: :

GENDER: :

Passenger 3

NAME: :

GENDER: :

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.

Policyholder's Signature

Date & Time: 20/11/18
20955 hrs

Driver's Signature

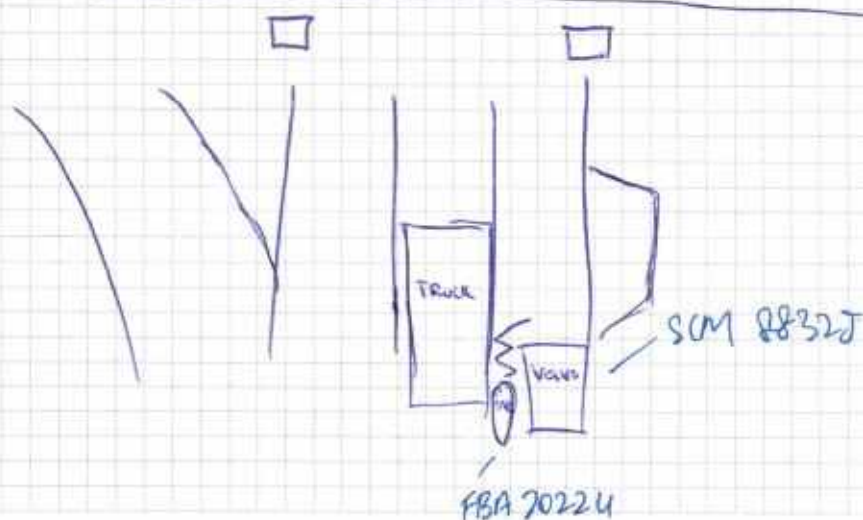
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

SKETCH PLAN

JURONG TOWN HALL ROAD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17/11/18 at about 1744 hrs, I was taking exit 13 at A1/E-Totter^{Tunbridge Wells}.
~~The~~ I slowed down towards the traffic light as the light was red. I
 was squeezing in between the 1st and 2nd lane as the light turn green.
 There was a truck carrying foreign workers on my left and a Volvo
 plate number SCN 8832 J on my right. I realised I was too close to the
 truck on my left so I moved a bit to my right and hit the front-left
 bumper of the Volvo. I hunched and my bike zig-zagged for a bit
 and I managed to stop the bike in front of the Volvo. I saw
 the bumper of the Volvo was ~~dislodged~~ dislodged and there was a scratch
 on it. The truck had gone off. The driver of the Volvo ~~then~~ subsequently
 informed me that ~~his~~ he will be claiming from Liberty insurance through
 weernes - Volvo centre for the bumper replacement and damages to his car.

DECLARATION

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

Policyholder's Signature

Date & Time:

20/11/18 e 0258 hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (17 / 11 / 2015) (DD/MM/YYYY), TIME: (17.44) (HH:MM)

LOCATION: AYE - TUNAS EXIT 13 JUCONG TOWN HALL EXIT

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FEA 2022 U
 b) INSURANCE COMPANY: MSIB
 c) POLICY NUMBER: 60801230
 d) POLICY TYPE: (~~COMPREHENSIVE~~ / ~~THIRD PARTY~~ / ~~THIRD PARTY FIRE & THEFT~~)
 e) MAKE & MODEL: SUZUKI DZ2 400
 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: ADLY 102090 BIN ROSLAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 585145566 CONTACT: 91098279
 c) ADDRESS: BLK 259A PONGGOL FIELD #11-27 S(521259)

* CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

* d) DATE OF BIRTH: (09 / 06 / 1988) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

i) DATE OF DRIVING PASS: 3/5/2015

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: SCM 8832 J MODEL: VOLVO
 b) DRIVER'S NAME: ONG PANG CHAN
 c) NRIC/FIN/PASSPORT: 575009514 CONTACT: 9759 4867

9. THIRD PARTY VEHICLE

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

* No of passenger
 (including driver)
 (1)

* No of passenger
 (including driver)
 (4)

* No of passenger
 (including driver)
 ()

email = gussy_fish@hotmail.com

fax =

V1060

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8819886G



Name
ADLY IDZUAN BIN ROSLAN

Race
JAVANESE

Date of birth
09-06-1988

Sex
M

Country of birth
SINGAPORE

3812597

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8819886G

Name
ADLY IDZUAN BIN ROSLAN

Birth Date: 09 Jun 1988

Issue Date: 23 Oct 2007

001E38436A

3812597



NRIC No: S8819886G



Date of issue
19-12-2005

APT BLK 258A PUNGGOL FIELD #11-27
SINGAPORE 821259

NRIC No: S8819886G Date: 15/10/2016

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class	Description	Valid Until
Class 1B	MOTORCYCLES NOT EXCEEDING 300 CC	23 Jun 2007
Class 2A	MOTORCYCLES BETWEEN 300 CC AND 400 CC	07 Feb 2014
Class 2	MOTORCYCLES EXCEEDING 400 CC	05 Aug 2015
Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT WHICH UNLADEN DOES NOT EXCEED 3000 KILOGRAMS	26 Nov 2012

S / No 9000224586

NP 428A

Licence No: S8819886G

**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
msig.com.sg

For any enquiries please call the Underwriting agent : WTT Insurance Agencies Pte Ltd
5001 Beach Road #02-77/78 Golden Mile Complex Singapore 199588 Tel : 62946259 / 62965445

MOTOR CYCLE COVER NOTE

(Strictly for Motor Cycle Insurance)

MSCN No : 60801230

Agency : A0633-001-W0851

Date : 16 May 2018

Name : ADLY IDZUAN BIN ROSLAN

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 18 May 2018 to midnight on 17 May 2019 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.	FBA2022U	Insured Value	Third Party Liability (TPL)
Engine No.	K419149438	C.C.	398
Chassis No.	JS1B8111200103627		
Year Manufactured	2018	Year of Registration	2018
Make & Model	SUZUKI [DRZ400SMK6]		
Named Rider	SHAHRL HASRY BIN SHAZULI [DOB:03 May 1983]		

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.)