

# NATIONAL Assessment Centre Services.

[wef 1 Jan'03]

Date In: 03/12/18	Job description	Date & Time Completed	Done by
Ref No: NA/MSG/15021674/13	SAS e-filing		
Veh No: FBK17076	E-mail (Within 3hrs, AIC 2hrs)		
ETA: 12/11/18 2300	I-Motor Claims Form		
OTD (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

Particulars:

Veh No:

5MA24835

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: (

Contacts:

(INC Hotline: 6788 6616)

Date & Time Completed:

Done by

) Apply for Transport Allowance (

) / Courtesy Car (

) QC Check / Post Repair Inspection

( )

) Upload Resurvey Photo [Repair Cost > \$3000]

( )

Injury:

Time/Time

Actions

Insured's Particulars:

NA 1808087

Owner/Owner:

Agent No:

Assigned Portion:

Checked by (Engr-In-Charge):

Insurers' Comments:

## Invoice Preparation Checklist

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$80)
- 3) TP: Towing Fee \$40/\$45
- 4) FT: Follow-Through Survey \$120
- 5) PT: Follow-Through Survey (Resurvey) \$30
- 6) TR: Re-inspection \$75
- 7) N1: 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 \$3
- TP (N11): TP (Non INC) against INC \$20
- 9) N12: Idao Mobile \$0

Invoice dated

Invoice dated

Fee Charged

Fee Charged

Am (\$)

Am (\$)

Bill

Mod Bill



## 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	03/12/2018 10:49
Date Of Accident	12/11/2018 23:00
Exact Location Of Accident	NEW BRIDGE RD TWDS CTE/SLE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK1707G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AHMAD RA'UF BIN JAMALUDDIN
NRIC No	S9003388C
Email Address	IDEOLOGYX_RAUF@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98203712
Alternative Phone No	OTHERS-98203712

### Vehicle Particulars

Manufacturer	SUZUKI
Model	BURGMAN 200
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	MOTORCYCLE

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	
Cover Note Number	72104260

### Driver

Name of Driver	AHMAD RA'UF BIN JAMALUDDIN
NRIC No	S9003388C
Date Of Birth	07/02/1990
Occupation	INDOOR
Date Of Driving Pass	19/11/2008
Driving Experience	9 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98203712
Fax Number	
Contact Number	OTHERS-98203712
EMail Address	IDEOLOGYX_RAUF@HOTMAIL.COM

Address	BLK 365B SEMBAWANG CRESCENT #08-121
Postcode	752365
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	AFTER RAIN
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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	CENTRAL POLICE DIVISIONAL HQ (A DIVISION)
Police Station Address	<b>ROAD:</b> 391 NEW BRIDGE ROAD #03-112 POLICE CANTONMENT COMPLEX BLOCK A , <b>POSTCODE:</b> 088762 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2240000 - <b>FAX NO:</b> 62200877
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: A/20181116/7002 & L/20181130/7013

#### 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	SMA2483S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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	AHMAD RA'UF BIN JAMALUDDIN
Approximate Age	
Injuries Sustain	SERIOUS
Injured person in which vehicle?	FBK1707G
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.



Policyholder's Signature

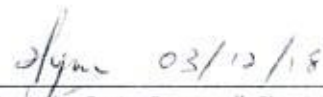
Date & Time:

30/11/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

13

B-5MAJ-4835

NEW BRIDGE  
RD

pls refer to the police report: A/2018/116/2003  
L/2018/1130/2013

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

Policyholder's Signature

30/11/18

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

sgm 03/12/18

Name:  
NRIC/FIN No.:



Google Maps New Bridge Rd

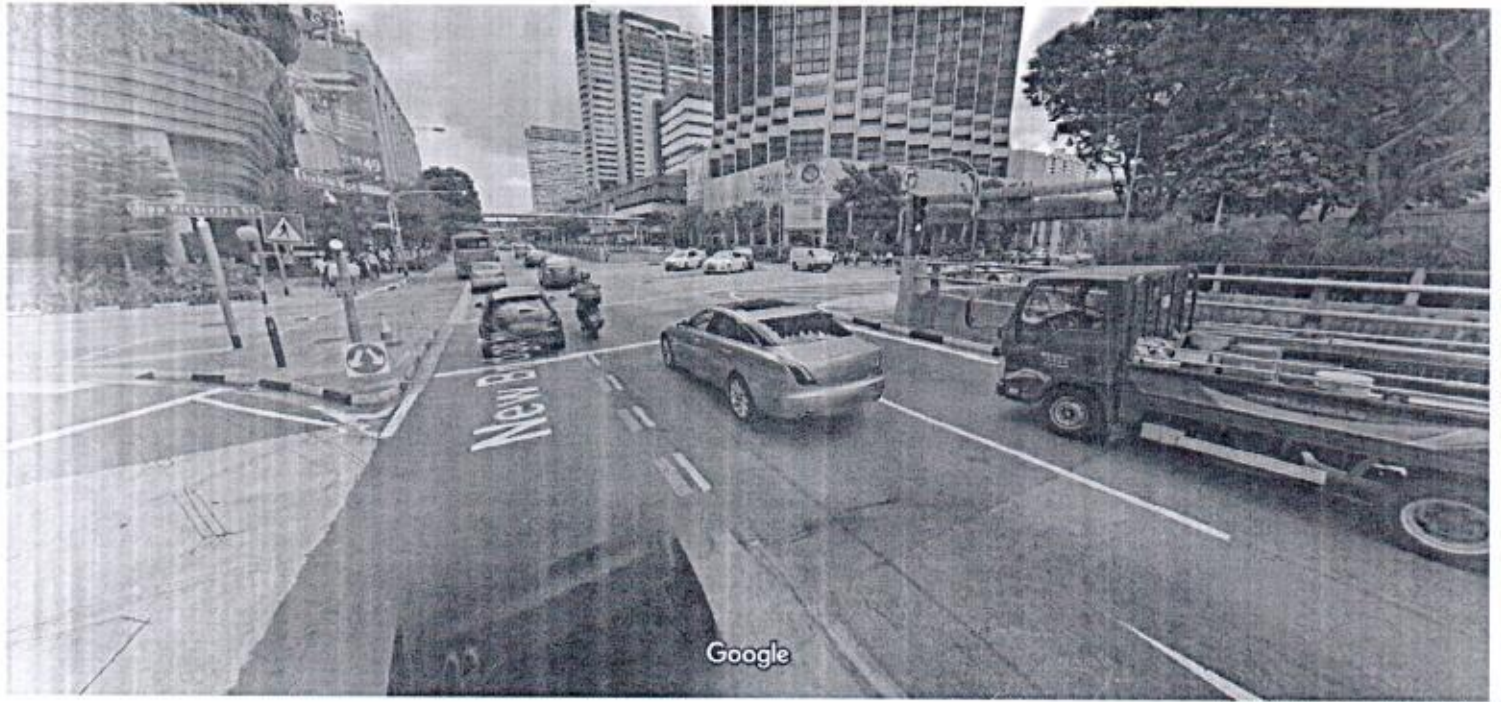


Image capture: Apr 2018 © 2018 Google

Singapore

Google, Inc.

Street View - Apr 2018





# SINGAPORE POLICE FORCE



A/20181116/7002

1 of 2

**POLICE REPORT (NP299)**

Report No. A/20181116/7002

Police Station Of Origin  
Central Division HQ  
A 391 New Bridge Road #03-112 Police  
Cantonment Complex SINGAPORE 088762  
Tel No:1800-2240000

Date/Time Report Made 16/11/2018 10:00	Vide Report No.	Station Diary No.
Name Of Informant AHMAD RA'UF BIN JAMALUDDIN	Address APT BLK 365B SEMBAWANG CRESCENT #08-121 SINGAPORE 752365	
ID Type / ID No. NRIC NO / S9003388C	Contact No. Home/Office:	Mobile: 98203712
Nationality SINGAPORE CITIZEN	Email Address ideologyx_rauf@hotmail.com	
Occupation Customs/Immigration officer	Sex Male	Age 28
Institution/School Name	Date of Birth 07/02/1990	Race Malay
Date/Time Of Incident 13/11/2018 23:15 - 16/11/2018 00:00	Language English	
	Location Of Incident EU TONG SEN STREET	

**Brief details.**

I was involved in a RTA at Eu Tong Sen St on the 13NOV around 11pm plus. I was travelling down the middle lane and the light was green in my favor when suddenly a car from the opposite lane made a right turn without checking for traffic and caused me to hit the side of the car and flung out of my bike.

Subjects Involved	
Victim	
Person Name	AHMAD RA'UF BIN JAMALUDDIN
Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 16/11/2018 10:00
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp





**SINGAPORE  
POLICE FORCE**



A/20181116/7002

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20181116/7002

ID Type	NRIC NO	ID No	S9003388C
Gender	Male	Age	28
Race	Malay	Language	English
Occupation	Customs/Immigration officer	Address Type	
Address	APT BLK 365B SEMBAWANG CRESCENT #08-121 SINGAPORE 752365	Mobile No	98203712
Is Informant A Victim?	Yes		
Person Name	AHMAD RA'UF BIN JAMALUDDIN (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

16/11/2018 10:00

Classification Of Case:



## POLICE REPORT (NP299)

Report No. L/20181130/7013

Police Station Of Origin  
Woodlands Division HQ  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No: 1800-4660000

Date/Time Report Made 30/11/2018 13:14	Vide Report No.	Station Diary No.
Name Of Informant AHMAD RA'UF BIN JAMALUDDIN	Address APT BLK 365B SEMBAWANG CRESCENT #08-121 SINGAPORE 752365	
ID Type / ID No. NRIC NO / S9003388C	Contact No. Home/Office:                      Mobile: 98203712	
Nationality SINGAPORE CITIZEN	Email Address ideologyx_rauf@hotmail.com	
Occupation Customs/Immigration officer	Sex Male	Age 28
	Date of Birth 07/02/1990	Race Malay
Institution/School Name	Language English	
Date/Time Of Incident 12/11/2018 23:00 - 13/11/2018 01:00	Location Of Incident APT BLK 365B SEMBAWANG CRESCENT #08-121 SINGAPORE 752365	

### Brief details.

I was involved in a RTA at NEW BRIDGE ROAD on the 12 NOV around 11pm plus. I was travelling down the middle lane and the light was green in my favor when suddenly a car from the opposite lane made a right turn without checking for traffic and caused me to hit the side of the car and flung out of my bike.

### Subjects Involved

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter:	Date/Time:
Not applicable	30/11/2018 13:14
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp





**SINGAPORE  
POLICE FORCE**



L/20181130/7013

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20181130/7013

Victim			
Person Name	AHMAD RA'UF BIN JAMALUDDIN		
ID Type	NRIC NO	ID No	S9003388C
Gender	Male	Age	28
Race	Malay	Language	English
Occupation	Customs/Immigration officer	Address Type	
Address	APT BLK 365B SEMBAWANG CRESCENT #08-121 SINGAPORE 752365	Mobile No	98203712
Is Informant A Victim?	Yes		
Person Name	AHMAD RA'UF BIN JAMALUDDIN (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

30/11/2018 13:14

Classification Of Case:

# ACCIDENT STATEMENT

ACCIDENT DATE: 12/11/18 (DD/MM/YYYY), TIME: 08:00 (HH:MM)

LOCATION: NEW BRIDGE RD TWD5 CTE/SLG

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBK1707G  
b) INSURANCE COMPANY: MSIG  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: SUZUKI BURGMAN 200  
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) NO  
IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: AHMAD RAUF BIN JAMALUDDIN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 59003388 CONTACT: 98203712  
c) ADDRESS: BLK 365B SEMBAWANG CRESCENT  
H08-21 (75285)

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

## DRIVER

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

\*d) DATE OF BIRTH: 07/02/1980 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS AFTER RAIN)  
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: 5MA24835 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: \_\_\_\_\_

\* No of passenger  
(including driver)  
(1)

\* No of passenger  
(including driver)  
( )

\* No of passenger  
(including driver)  
( )

30/11/18

waiting for  
amend police report  
1 CIV

email = ideology-raof@hotmail.com

fax =

video =




License Number: **S3003388C**

Name: **AHMAD RA'UF BIN JAMALUDDIN**

Birth Date: **07 Feb 1990**


Issue Date: **19 Nov 2008**

00167756C



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S9003388C**




Name: **AHMAD RA'UF BIN JAMALUDDIN**

Race: **MALAY**

Date of birth: **07-02-1990**

Country/Place of birth: **SINGAPORE**

Sex: **M**



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

Class 2B	Motorcycles <= 200 CC	19 Nov 2008
Class 1A	Motorcycles between 201 CC and 400 CC	26 Sep 2011
Class 2	Motorcycles > 400 CC	04 Feb 2013
Class 3	Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	28 Jul 2013

S / No. 9000180180

90003388C

42P4

License No. S9003388C



5949616



NRIC No. **S9003388C**



Date of issue: **01-06-2018**

APT BLK 305B SEMBAWANG CRESCENT #08-121  
SINGAPORE 752365  
NRIC No: S9003388C Date: 17/09/2018

72/04260

**MSIG**

MSIG Insurance (Singapore) Pte. Ltd. is the sole agent for MSIG Insurance (Singapore) Pte. Ltd. in Singapore.  
 For any enquiries, please call the undersigning agent: Commercial Agency Pte. Ltd.  
 33 Kelantan Lane #02-01/02 Kim Seng, Singapore 359003. Tel: 63772122

### MOTOR CYCLE COVER NOTE

(Strictly for Motor Cycle Insurance)

MSIG No: 72104260

Agency: A0074-001\*10223

Name: AHMAD RA'UF BIN JAMALUDDIN

Excess: 6300 (FIRE&amp;THEFT) 6600 (THEFT 2X)

Date: 02 Jul 2018

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 Fire & Theft** Policy applicable thereon for the period from **17:22PM** on **02 Jul 2018** to midnight on **01 Jul 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.	FBK1707G	Insured Value	Prevailing Market Value
Engine No.	H405401678	CC	200
Chassis No.	MLCC9112100401678		
Year Manufactured	2015	Year of Registration	2015
Make & Model	SUZUKI [UH200AL5 BURGMAN 200 ABS]		
Rider Type	Policyholder		

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.



For MSIG Insurance (Singapore) Pte. Ltd.

  
Approved Insurer

Not valid unless countersigned by Authorized Person

(Please read important information on the reverse page.)