

NATIONAL Assessment Centre Services. [ver 1 Jan'05]

File No	Job description	Date & Time Completed	Done by
03/12/18	SAS e-filing		
NA/MSG 1802/1716/13	E-mail (Within 3hrs, AIC 2hrs)		
FBJ 88211	i-Motor Claim Form		
DA 24/11/18 2200	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
IP Reporting Only	i-Photo Uploaded		
Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Motorist Wksp / INC Assign Wksp / QW: (HUA MENG) Tel: () Fax: ()

Particulars: Vch No: SCF3095H 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 repaler.
 Total Loss Case: to e-mail Insurer URGENTLY.
 Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks:	Date & Time Completed	Done by
INC hotline: 6788 6616		
Apply for Transport Allowance () / Courtesy Car ()		
CC Check / Post Repair Inspection ()		
Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

Amount's Particulars:	Invoice/Repairation Checklist	Am't (\$)	Am't (\$)
		TR Bill	Add Bill
	1) AR: Accident Reporting (\$30);		
	2) DA: Damage Assessment (\$100); INC (\$50)		
	3) TP: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (we 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-on INC) against INC \$20		
	9) N12: Idao 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 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 insurer, 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 16:28
Date Of Accident	24/11/2018 22:00
Exact Location Of Accident	EAST COAST PARK SERVICE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ8821T
Insured/Policyholder	
Name Of Registered Owner	NURULHUDA BINTE SALIM
NRIC No	S8923944C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97399312
Alternative Phone No	OTHERS-97399312

Vehicle Particulars

Manufacturer	HONDA
Model	CB400
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	MSD/VMS/17-988317-WTT
Cover Note Number	

Driver

Name of Driver	NURULHUDA BINTE SALIM
NRIC No	S8923944C
Date Of Birth	17/07/1989
Occupation	INDOOR
Date Of Driving Pass	28/11/2016
Driving Experience	1 YEAR AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97399312
Fax Number	
Contact Number	OTHERS-97399312
EMail Address	NOEMAIL

Address	BLK 206 BISHAN ST 23 #05-413
Postcode	570206
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	
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	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20181129/2109

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	SLF3095H
Vehicle Make/Model/Colour	SUZUKI SWIFT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	RAJEEV GOGNA
NRIC/Passport Number	S7381921J
Contact Number	97824219
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	NURULHUDA BINTE SALIM
Approximate Age	
Injuries Sustain	SERIOUS
Injured person in which vehicle?	FBJ8821T
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

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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:

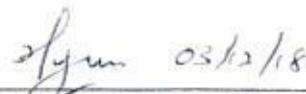
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

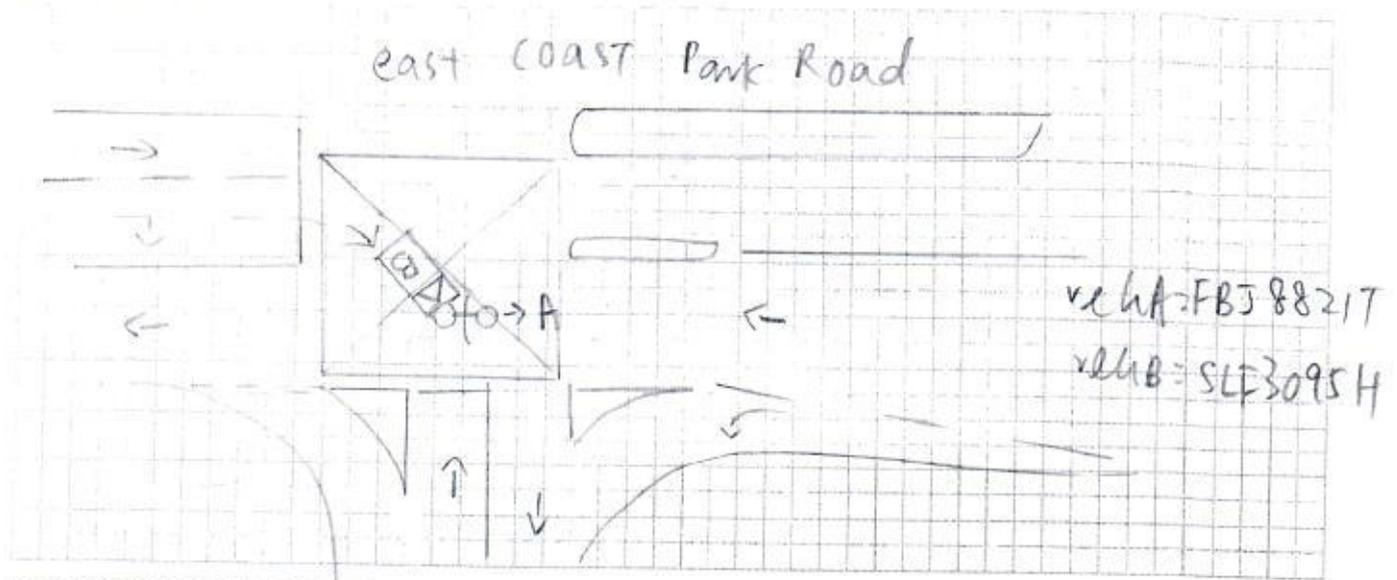


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer the police report: 7/2018/129/2109

DECLARATION

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


Policyholder's Signature
Date & Time:


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

 03/12/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	NURULHUDA BINTE SALIM	ID No.	S8923944C
Related Vehicle	FBJ8821T (Motorcycle)	Contact No.	97399312
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	25/11/2018	Date Discharge	28/11/2018
No. of Days granted Medical Leave	14	Degree of Injury	Serious
Driver			
Name	RAJEEV GOGNA	ID No.	S7381921J
Related Vehicle	SLF3095H (Car)	Contact No.	97824219
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 the above mentioned date time and location, I was travelling along East Coat Park Service Road. My motorcycle was on the move as the traffic light was showing green in my favour. At that time, I already notice a vehicle, SLF3095H, on the lane next to mine, travelling at the opposite direction. The vehicle was stationary and was intending to make a right turn towards ECP. I saw the vehicle inching out as such I slowed down. However, after noticing that the vehicle had stopped, I proceeded on straight with the traffic light still showing green. As I rode pass the traffic light, the car made the right turn and collided into my motorcycle. I couldn't stop in time as I did not expect the driver to turn since I had the right of way.

After the collision, the driver stopped his vehicle and alighted to make a check on me. However, at that time, the driver did not engage his hand brake and the car rolled forward causing the vehicle to hit both of my legs, and my left leg was stuck under the car's front bumper. Subsequently, ambulance came and I was conveyed to Changi General Hospital. My left hand was fractured as a result of the accident. I was given 14 days of hospitalization leave after I was discharged from CGH. There are no cameras installed on my motorcycle. My motorcycle was also badly damaged from the accident.



**SINGAPORE
POLICE FORCE**



T/20181129/2109

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

3 of 3

Report No. T/20181129/2109

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: E / Sgt 2 NUR SABRINA TAN BINTE ABDUL RAHIM TAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 29/11/2018 18:04
Officer In Charge Of Case: TP / GIT / Sgt 3 MARIAH BINTE ZAKARIA Contact No.: 65476433	Classification Of Case: <div style="border: 1px solid black; padding: 5px; display: inline-block;">  SINGAPORE POLICE FORCE SN 061 </div>

Authentication Stamp
NP168


 SIGNATURE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S8923944C**

Name
NURULHUDA BINTE SALIM

Birth Date **17 Jul 1989**

Issue Date **16 Jul 2009**

001763450K




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8923944C**



Name
NURULHUDA BINTE SALIM

Race
BOYANESE

Date of birth **17-07-1989** Sex **F**

Country of birth
SINGAPORE



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIFICATION

CLASSIFICATION	DESCRIPTION	PASS DATE
CI	Class 2B Motorcycles <= 200 CC	16 Jul 2009
	Class 2A Motorcycles between 201 CC and 400 CC	28 Nov 2010
	Class 2 Motorcycles > 400 CC	12 Oct 2018
	Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tricycles <= 2500 kg	21 Oct 2009

S8923944C

S / No. 9000309731

Licence No. S8923944C



NP 428A

3592844



NRIC No. S8923944C



Date of issue
23-07-2004

Address
**APT BLK 206 BISHAN STREET 23
#05-413
SINGAPORE 570206**

VEHICLE NO: FB3 88217

MAKE & MODEL: Honda CB400

DATE OF ACCIDENT

24 / 11 / 2018

TIME OF ACCIDENT

2200 AM / PM

LOCATION OF ACCIDENT

East coast park Service Road

Exact Purpose use during accident

NAME OF OWNER

Mumukhuda Binte Salim

TELP NO

97399312

NRIC

S8923944C

CLAIM TYPE

OD / THIRD PARTY / Reporting Only

INSURANCE CO.

MSIA

TYPE OF CAVERAGE

Comprehensive / Third Party / Third Party Fire & Theft

POLICY NO.

60776280

NAME OF DRIVER

As above / If No.

NRIC

S8923944C

Any passengers: -

DATE OF BIRTH

17 / 10 / 1989

OCCUPATION

Outdoor / Indoor

DATE OF DRIVING PASS

28 / NOV / 2016

GENDER

Male / Female

CONTACT NO.

97399312

Office:

Home:

ADDRESS

BK 206 Bishan St 23 # 05-413, S (570206)

DRIVER HAVE ANY OWN Vehicle

NO / If yes, Reg No.

RELATIONSHIP

Employee / If No.

WEATHER CONDITION

Clear / Raining / Other.

ROAD SURFACE

Dry / Wet / Other.

ANY INJURIES

Not / If yes, Who? Mumukhuda Binte Salim (S8923944C)

CONTACT NO.

97399312

POLICE REPORT

No / If yes, Where? Bishan N.P.C

VEHICLE B NO.

SLF3095H Suzuki Swift

Any Passenger:

2 pax

NAME

Rajeev Gojra (S7381921J)

CONTACT NO.

97824219

VEHICLE C NO.

Any Passenger:

VEHICLE D NO.

Any Passenger:

VEHICLE E NO.

Any Passenger:

VEHICLE F NO.

Any Passenger:

ANY WITNESS

WITNESS CONTACT NO.

Have you been approach by unknown person soliciting (s) /

YES / NO

offering accident claims assistance?

PARTICULAR WORKSHOP

huameij @live . com - Sg

TELP NO

CONTACT PERSON

TAX NO.



MSIG Insurance (Singapore) Pte. Ltd. (Incorporated in Singapore)
 4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
 Tel +65 6927 7800, Fax +65 6827 7800
 www.msig.com.sg

W 701297

CERTIFICATE OF INSURANCE

Road Transport Act, 1987 (Malaysia)
 The Motor Vehicles (Third Party Risks) Rules, 1989 (Malaysia)
 The Motor Vehicles (Third Party Risks and Compensation) Act (C.A.P. 189 of the Revised Edition) (Republic of Singapore)
 The Motor Vehicles (Third Party Risks and Compensation) Rules, 1998 Edition (Republic of Singapore)
 Or any Amendment, Act or Act passed in substitution thereof.

CERTIFICATE NO : MSD/VMS/17-988317-WTT A0633-001/W0872

SUMINSURED : FXV
 EXCESS : \$500 (FIRE&THEFT) \$1000 (ENDY 2K)

1. Index mark and Registration Number of Vehicle **S8923944C**
FBJ8821F
2. Name of Policyholder **HONDA CB100** 399 c.c.
NURULHODA BINTE SALIM
3. Effective date of the Commencement of Insurance
 for the purposes of the Act
4. Date of Expiry of Insurance **0001AM 05/01/2018**
04/01/2019

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

b. **SALIM BIN HUSSAIN 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).

1/ 1
 ;64844342
 30-11-18; 17:24 ; H L CYCLE PTE LTD