

NATIONAL Assessment Centre Services

(wef 1 Jan 2005) MNA 190041M

Date In: 9/1/09 - 17:54	Job description	Date & Time Completed	Done by
Ref No: NA/MJL190035641M	SAS e-filing		
Veh No: FDD 60034	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 2/12/18 - 03:00	i-Motor Claim Form		
OD: 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: JHBV6335 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) 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

NA 1900279

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref 1:

Ref 2 / 3:

Invoice Preparation Checklist		Amt (\$) 1st Bill	Amt (\$) Add Bill
1) AR: Accident Reporting (\$30);			
2) DA: Damage Assessment (\$100); INC (\$80)			
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) N1: Idac DA + SMRT Survey \$160			
8) NTUC Additional Services:-			
QD:			
*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 (Non INC) against INC \$20			
9) N12: Idac Mobile 30			
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 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	09/01/2019 17:54
Date Of Accident	02/12/2018 03:00
Exact Location Of Accident	SLE TWDS CTE BEFORE LENBTOR AVE EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBD6003H
Insured/Policyholder	
Name Of Registered Owner	SUNDARESAN S/O TECHNA MITI
NRIC No	S8326952I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94284369
Alternative Phone No	OFFICE-94284369
Vehicle Particulars	
Manufacturer	SUZUKI
Model	DRZ400SMK9
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
Fleet Policy	NO
Policy Number	MSD/VMT/18-376418-CA
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD HAIRIL BIN AMRIN
NRIC No	S8102484G
Date Of Birth	26/01/1981
Occupation	INDOOR
Date Of Driving Pass	10/08/2010
Driving Experience	8 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94284369
Fax Number	
Contact Number	OFFICE-94284369
Email Address	NOEMAIL

Address	BLK 544 BEDOK NORTH STREET 3 #02-1324
Postcode	460544
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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 (including own vehicle) involved in the accident	2
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	BUKIT MERAH WEST NPC
Police Station Address	ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20181206/2115.

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	SHB4633S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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	MUHAMMAD HAIRIL BIN AMRIN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBD6003H
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

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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:

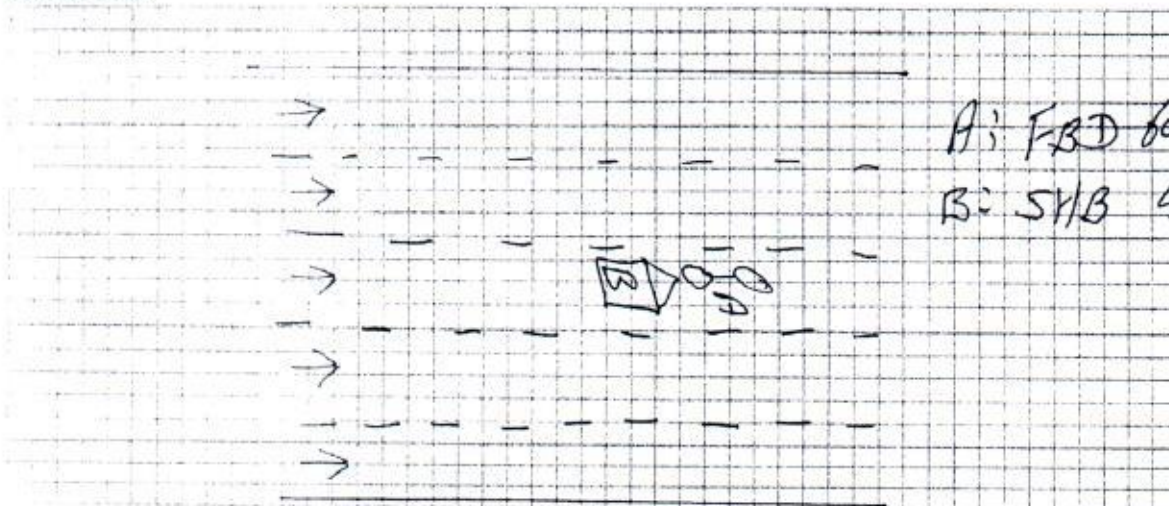
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

As a police Report 7/2018/206/2115

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:

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

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 02/12/2018 (dd/mm/yy) Time of Accident: 03:00 (24-HR-FORMAT)

Vehicle No.: FBD 6003H Vehicle Make & Model: _____

Exact location of Accident: SLE CTE Before Lenter Ave

Policyholder's Name / IC No.: Muhammad Hairil Bin Amrin 58102484G

Driver's Name / IC No.: _____ (As Above) ☒

Driver's Contact No.: 94284369 Company Contact No.: _____

Driver's Address: _____

Insurance Company: MSIG Email address (if any): _____

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

Owner 583269521

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

☒ Private use / ☐ Work purpose

No. of Passengers (Including Driver): 01

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☐ No

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: Bukit Merah West N.P.C

The Other Party(s) Details:

1. Driver's Name / IC No.: _____ Vehicle No: SHB 4633S

Driver's Contact No.: _____ Insurance Company (If any): _____

2. Driver's Name / IC No.: _____ Vehicle No: _____

Driver's Contact No.: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.



**SINGAPORE
POLICE FORCE**

Police Station: 1st District
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100 Raffles Place, Singapore 038863

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Accident Report Form

Form No. 1 (Rev. 1/2018)

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Form No. 1 (Rev. 1/2018)

General Information of the Accident

Type of Accident	Injury Conveyed By Ambulance	Drink Drive No.	Date/Time of Accident	Type of Location
			02/12/2018 03:00	Straight Road
Location				
Along Road 1				
SELETAR EXPRESSWAY				
SELETAR EXPRESSWAY TOWARDS LENTOR AVENUE				
Lamp Post Number 198				
Weather		Road Surface	Road Speed Limit	
Clear		Dry		
Traffic Flow		Traffic Control	Traffic Volume	
One Way		Not Controlled	Light	
Type of Collision		Anyone conveyed by ambulance		
Between Moving Vehicles - Head To Rear		No		

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passengers
FBD5003H	Motorcycle	SUZUKI	DRZ400SMK	Black	Seriously Damaged	0
SHB4633S	Car	HYUNDAI	9	Yellow	Seriously Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Buena Vista Police Station
500 Buena Vista Street #01-01 SINGAPORE
1100602
Tel No: 1 800 377 9925



Report No: T2018 00007-00

CONTINUATION OF REPORT

Name	MUHAMMAD HAIHEL BIN AMRIN	ID No.	SA1024940
Related Vehicle	FBD6003H (Motorcycle)	Contact No.	94264369
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class 2B2A Date of Expiry Nil
Date Treatment	02/12/2018	Date Discharge	05/12/2018
No. of Days granted Medical Leave	60	Degree of Injury	Serious

Brief Details:

On 02/12/2018, at about 0300hrs, I was traveling along Seletar Expressway towards Lendok Ave near LPT58 when I met with an accident. I was riding my motorcycle bearing FBD6003H along Lane 3 when I was hit from the rear by a Yellow Hyundai Citycab bearing car plate SHB4533S. Both vehicles were seriously damaged. The driver did not stop to exchange particulars at that time. The driver who did not attend to me after the accident. Subsequently, I was conveyed by Ambulance to Khoo Teck Puat Hospital where I was treated on 02/12/2018 and discharged on 05/12/2018. I also received a 60 days Medical Certificate from 02/12/2018 to 30/01/2019 from Khoo Teck Puat Hospital. I suffered a fracture to my lumbar spine and tore my right shoulder tendon. I sustained abrasions from my right sole, ankle, hip, back and both hands. I also suffered from a crack to one of my bottom teeth.



**SINGAPORE
POLICE FORCE**

Police Division Of Origin
Police Marsh West N.P.C.
200 South Marsh View #01-01 SINGAPORE
110052
Tel No: 1800 377 9999

INVESTIGATION REPORT

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 NG SAY-JUEN, NEIL

NS

Signature Of Informant:

[Handwritten Signature]

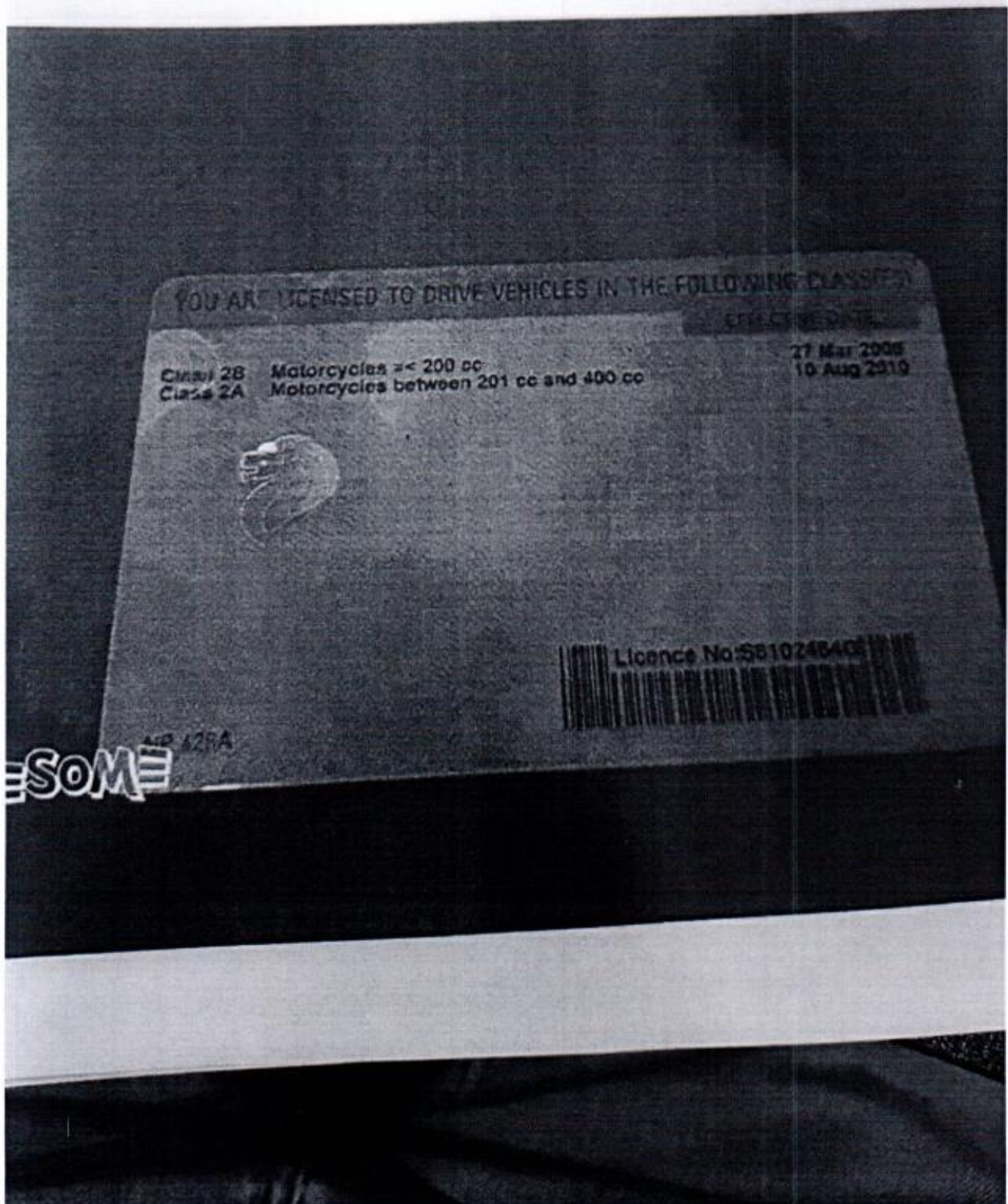
Signature Of Interpreter:
Not applicable

Date/Time:
06/12/2018 16:09

Officer In Charge Of Case:
TP / GIT /
Staff Sgt M. [unclear]
Contact No. [unclear]

Classification Of Case:

Authentication Stamp:
NP168



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8102484G



Name

MUHAMMAD HAIRIL BIN AMRIN

محمد هاريل بن امرين

Race

MALAY

Date of birth

26-01-1981

Sex

M

Country/Place of birth

SINGAPORE



S8102484G



5038225

NRIC No. S8102484G



Date of issue

07-09-2018

Address

APT BLK 544 BEDOK NORTH STREET 3
#02-1324
SINGAPORE 460544



MSIG

CERTIFICATE OF INSURANCE

The Motor Vehicles (Third Party Risks and Compensation) Act 1987 (Chapter 189) and the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

CERTIFICATE NO: WBD/VNT/18-376418-CA A0074-001/10227 2622958

SUMINSURED: TPL

EXCESS: NIL

1. ☒ mark and Registration Number of Vehicle **FBD6003H**
SUZUKI 398 c.c.
 2. Name of Policyholder **SUNDARESAN S/O TECHNA WITI**

3. Effective date of the Commencement of Insurance
 for the purposes of the Act **1103AM 29/11/2018**

4. Date of Expiry of Insurance **27/02/2019**

5. Persons or Classes of Persons entitled to drive

a. The Policyholder.

b. MUHAMMAD HAIRIL BIN ANWIN 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).

Repl CN: 72057370

05/12/2018 (SL)

CACI-03 (05/18)

COMMERCIAL AGENCY PTE LTD.

Underwriting Agent

For MSIG Insurance (Singapore) Pte. Ltd.