

**NATIONAL Assessment Centre Services** (wef 1 Jan 2005)

Date In: <b>13/02/19</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/MSG/19002672/13</b>	SAS e-filing		
Veh No: <b>FR3435T</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>29/01/19 1200</b>	i-Motor Claim Form		
OD: <b>(TP)</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: **X08895B** 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)**

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

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

**Injury:** \_\_\_\_\_

**Date/Time Actions**

Date/Time	Actions

**NA1901281 Invoice Preparation Checklist**

		Amt (\$) 1st Bill	Amt (\$) Add Bill
<b>Claimant's Particulars :-</b>	1) AR : Accident Reporting (\$30);		
	2) DA : Damage Assessment (\$100); INC (\$80)		
<b>Driver/Owner:</b>	3) TF : Towing Fee \$40/\$45		
	4) FT : Follow-Through Survey \$120		
<b>Contact No:</b>	5) FT : Follow-Through Survey (Resurvey) \$30		
	<i>For claiming against INC Only (wef 10 Jan 2005)</i>		
<b>Damaged Portion:</b>	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
<b>QC Checked by (Engr-In-Charge):</b>	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
<b>Auditors' Comments :-</b>	*N8: DV / Collect Excess Coordination \$5		
<b>Cat 1:</b>	TP (N11) : TP (Non INC) against INC \$20		
<b>Cat 2 / 3:</b>	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	13/02/2019 16:15
Date Of Accident	29/01/2019 12:00
Exact Location Of Accident	ADMIRALTY ROAD EAST
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FR3435T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JASER ABDILLAH BIN JOHAN
NRIC No	S9609471Z
Email Address	JASERABDILLAH09@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91764537
Alternative Phone No	OTHERS-91764537

#### Vehicle Particulars

Manufacturer	YAMAHA
Model	SNIPER T150
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/19-997670-WTT
Cover Note Number	

#### Driver

Name of Driver	JASER ABDILLAH BIN JOHAN
NRIC No	S9609471Z
Date Of Birth	21/03/1996
Occupation	INDOOR
Date Of Driving Pass	12/02/2015
Driving Experience	3 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91764537
Fax Number	
Contact Number	OTHERS-91764537
E Mail Address	JASERABDILLAH09@GMAIL.COM

Address	BLK 226 YISHUN ST 21 #01-527
Postcode	760226
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	COLLIDED INTO PROPERTY
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	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 31 YISHUN CENTRAL , <b>POSTCODE:</b> 768827 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8529999 - <b>FAX NO:</b> 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20190130/2075

#### 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	XD8895B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	JAMBULINGAM SENTHILKUMAR
NRIC/Passport Number	G6706398N
Contact Number	93553579
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	JASER ABDILLAH BIN JOHAN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FR3435T
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.

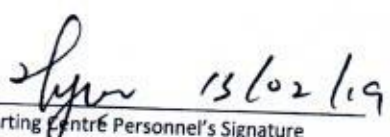
  
Policyholder's Signature

Date & Time: 13 Feb 2019

\_\_\_\_\_  
Driver's Signature

(If driver is not the policyholder)

Date & Time:

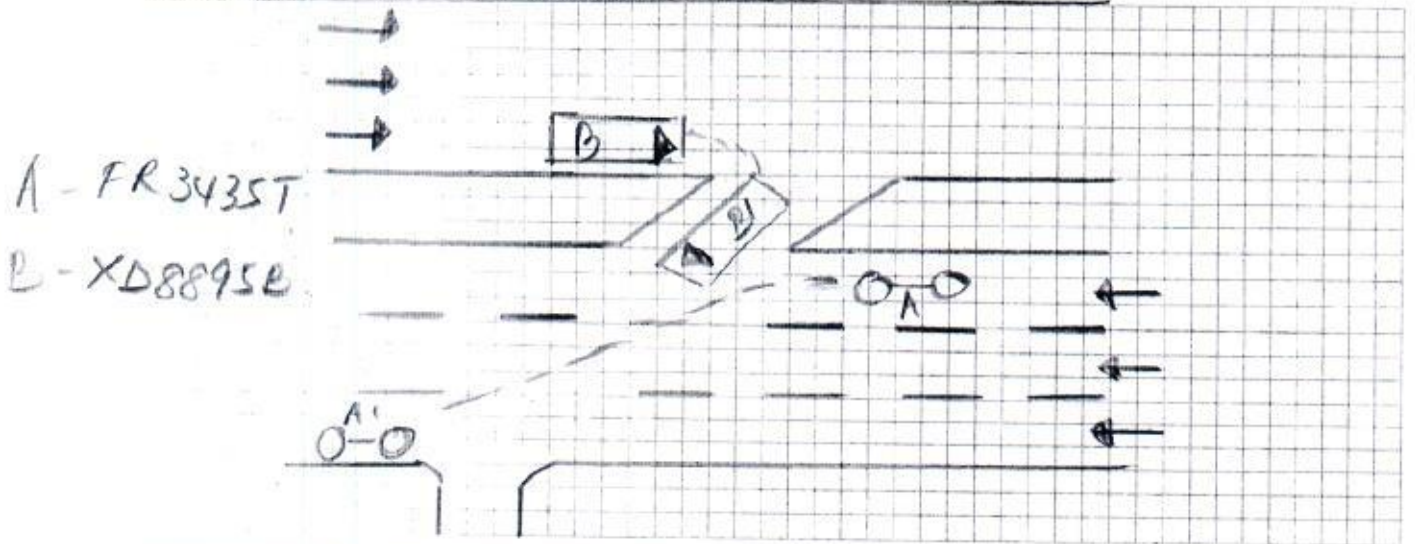
  
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ADMIRALTY RD EAST

SKETCH PLAN



A - FR 3435T

B - XD 8895E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: T/20190130/2075

DECLARATION

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

[Signature]  
 Policyholder's Signature  
 Date & Time: 13 Feb 2019

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

[Signature] 13/02/19  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:









**SINGAPORE  
POLICE FORCE**



T/20190130/2075

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

2 of 3

Report No. T/20190130/2075

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	JASER ABDILLAH BIN JOHAN	ID No.	S9609471Z
Related Vehicle	FR3435T	Contact No.	91764537
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	29/01/2019	Date Discharge	29/01/2019
No. of Days granted Medical Leave	07	Degree of Injury	Slight

**Brief Details.**

I was involved in an accident Ref L/20190129/0084.

On the 29/01/2019 at about 1200hrs, I was riding my motorcycle FR3435T along Admiralty Road East on the 1st lane. On my left was an HonestBee Van. As I was going uphill, there was a trailer XD8895B that was on the opposite lane made an illegal U-turn and he blocked 2 lanes. As such I changed lane and managed to avoid the trailer, however there was a kerb in front of me. I was unable to avoid the kerb and I collided with the kerb. I lost control of my motorcycle and I fell to my right.

The HonestBee driver came and assisted me. There were also passersby who called for ambulance and both TP and Ambulance came down shortly later. As the accident took place outside my workplace, I called my friend, Mulyani, 81219846, to assist me. My friend managed to obtain the particulars of the driver of XD8895B. The driver is Jambulingam Senthilkumar, G6706398N, 93553679.

I was later conveyed to hospital and discharged on the same day. I was given 7 days of MC due to the accident and I suffered abrasions and friction burns at multiple areas.

I wish to state that I do not have a camera mounted on my helmet. That is all.





**SINGAPORE  
POLICE FORCE**



T/20190130/2075

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

3 of 3

Report No. T/20190130/2075

**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: L / Sgt 2 KEITH GARRET ILETO LIM <i>kan</i>
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt NOR FAIZAL BIN YAHYA Contact No.: 65476202

Signature Of Informant: <i>[Signature]</i>
Date/Time: 30/01/2019 12:54
Classification Of Case:

Authentication Stamp  
NP168

*kan*



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S9609471Z**


NAME: **JASER ABDILLAH BIN JOHAN**

Birth Date: **21 Mar 1996**

Issue Date: **12 Feb 2015**

002396137B

SG 50



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S9609471Z**


NAME: **JASER ABDILLAH BIN JOHAN**

RACE: **MALAY**

Date of birth: **21-03-1996** Sex: **M**

Country of birth: **SINGAPORE**

S9609471Z

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

		EFFECTIVE DATE
Class 2B	Motorcycles <= 200 CC	12 Feb 2015
Class 2A	Motorcycles between 201 CC and 400 CC	14 Apr 2016

S / No. 9000283305

9609471Z

Licence No: **S9609471Z**

NF 428A



4688508

NRIC No. **S9609471Z**

Date of Issue: **28-02-2011**

Address: **APT BLK 226 YISHUN STREET 21  
#01-527  
SINGAPORE 760226**









**MSIG Insurance (Singapore) Pte. Ltd.** (Co. Reg No 200412212G)  
 4 Shenton Way, # 21-01, SGX Centre2, Singapore 068807  
 Tel +65 6827 7888, Fax +65 6827 7800  
 www.msig.com.sg

**W 712257**

**CERTIFICATE OF INSURANCE**

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 : **MSD/VNS/19-997670-WTT A0633-001/W0861**

SUM INSURED : **PNV**  
 EXCESS : **\$300(FIRE&THEFT) \$600(ENDT 2K)**  
**S9609471Z**

1. Index mark and Registration Number of Vehicle **PR3435T**

2. Name of Policyholder **YAMAHA** **JASER ABDILLAH BIN JOHAN** **150 c.c.**

3. Effective date of the Commencement of Insurance  
 for the purposes of the Act **1733PM 09/01/2019**

4. Date of Expiry of Insurance **08/01/2020**

5. Persons or Classes of Persons entitled to drive

- a. **The Policyholder.**
- b. **MARISSA IDA SYAZWANI BIN AZRAL 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: 60838310

10/01/2019 (L)

WTT-CI-04(04/14)

**WTT INSURANCE AGENCIES PTE LTD**  
 Underwriting Agent  
 For MSIG Insurance (Singapore) Pte. Ltd.