

# Assessment Centre Services

Wef 1 Jan 05 MUA 1902880

Job description	Date & Time Completed	Done by
SAS e-filing		
E-mail (within 3hrs, AIC 2hrs)		
i-Motor Claim Form		
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:
TP Particulars:	Veh No: 579419114	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: ( )

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

HA1902880	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	Int Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
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) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpl 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: 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 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	18/02/2019 19:44
Date Of Accident	29/01/2019 22:10
Exact Location Of Accident	HOUGANG AVE 10
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBB6438Y
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD HANAFEE BIN ABDUL RAHMAN
NRIC No	S8601544G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87484607
Alternative Phone No	OFFICE-87484607
Vehicle Particulars	
Manufacturer	KAWASAKI
Model	KR150K
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/18-383623-CA
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD HANAFEE BIN ABDUL RAHMAN
NRIC No	S8601544G
Date Of Birth	04/02/1986
Occupation	OUTDOOR
Date Of Driving Pass	27/10/2015
Driving Experience	3 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87484607
Fax Number	
Contact Number	OFFICE-87484607
EMail Address	NOEMAIL

Address	BLK 574B WOODLANDS DRIVE 16 #02-746
Postcode	732574
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	COLLISION - MAJOR/MINOR RD
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190130/7003.

#### 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	SJR9149H
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	MUHAMMAD HANAFEE BIN ABDUL RAHMAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBB6438Y
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.



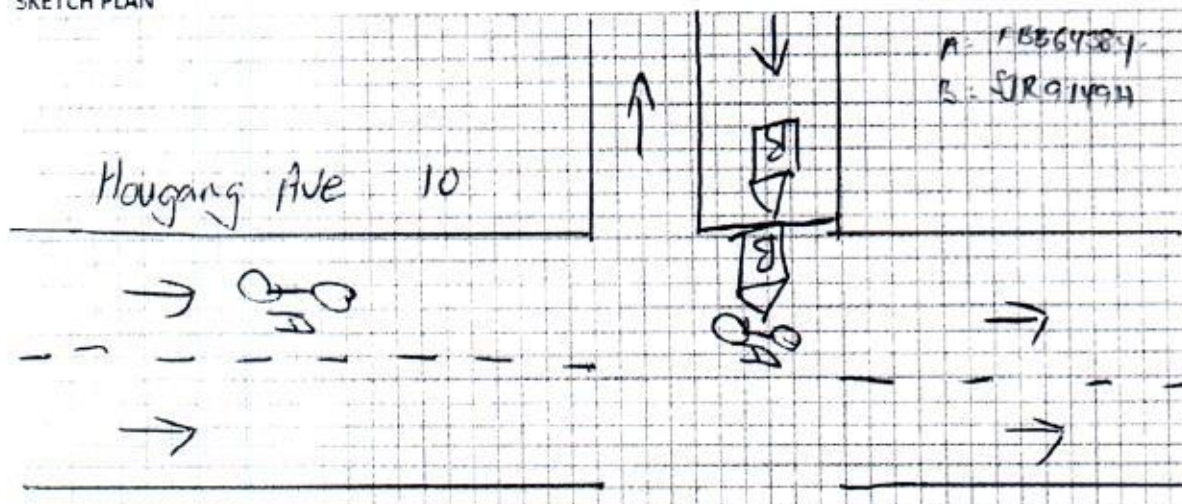
Policyholder's Signature  
Date & Time:

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 T/20190130/7003

## 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](mailto:sm@idac.com.sg)  
Tel no: 6555 6888 Fax no: 6454 3279

### Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 29/01/2019 (dd/mm/yy) Time of Accident: 22:10 (24-HR-FORMAT)  
Vehicle No.: FB8 6438Y Vehicle Make & Model: Kawasaki KR 150K  
Exact location of Accident: Hougang Ave 10  
Policyholder's Name / IC No.: Muhammad Hanafee Bin Abdul 58601544G  
Driver's Name / IC No.: \_\_\_\_\_ (As Above) ☒  
Driver's Contact No.: 87484607 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: \_\_\_\_\_

**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?**

☒ Private use / ☐ Work purpose

**Occupation (nature of job)** ☐ Indoor / ☒ Outdoor

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

### The Other Party(s) Details:

1. Driver's Name / IC No.: \_\_\_\_\_ Vehicle No: SJR 9149H

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**



T/20190130/7003

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20190130/7003

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 30/01/2019 15:58	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: MUHAMMAD HANAFEE BIN ABDUL RAHMAN			Address: APT BLK 574B WOODLANDS DRIVE 16 #02-746 SINGAPORE 732574		
ID Type / ID No.: NRIC NO / S8601544G			Contact No.: Home/Office: Mobile: 87484607		
Nationality: SINGAPORE CITIZEN			Email: afee42@gmail.com		
Sex: Male	Age: 32	Date of Birth: 04/02/1986	Type of Informant: Rider		
Race: Malay			Language: English	Institution / School Name:	
Occupation: Diver			Driving Licence Information: Class: 2B		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/01/2019 22:10	Type of Location: Straight Road
Location:  HOUGANG AVENUE 10				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBB6438Y	Motorcycle	KAWASAKI	KR150K	Blue		0
SJR9149H	Car	VOLKSWAGO N		Grey		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBB6438Y	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT18383623	14/06/2018	13/06/2019





**SINGAPORE  
POLICE FORCE**



T/20190130/7003

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20190130/7003

**CONTINUATION OF REPORT**

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	MUHAMMAD HANAFEE BIN ABDUL RAHMAN	ID No.	S8601544G
Related Vehicle	FBB6438Y (Motorcycle)	Contact No.	87484607
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	29/01/2019	Date Discharge	30/01/2019
No. of Days granted Medical Leave	07	Degree of Injury	Serious
Name	MATTHEW KOH KOK THYE	ID No.	S8935297E
Related Vehicle	SJR9149H (Car)	Contact No.	87421958
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 29/01/2019 at about 10.10 p.m., I was riding my motorcycle, FBB6438Y, Green Kawasaki KR150, along main road of Hougang Avenue 10, near to Blk 411 about 40km/h on left lane on a dual carriage way.

While I was riding, there was a car, Dark Grey Volkswagen Jetta SJR9149H, had come out from a gantry carpark of Block 411 and had collided onto me on the left side of my motorcycle. Due to the collision, I was flung about 3-4 metres on the road.

I had then sat at the side of the road. Not long after that, the ambulance and traffic police officers came. I had told the traffic police officer about what had happened and I was then conveyed to Sengkang General Hospital.

Due to the collision, I had suffered fracture on my right wrist, 8 stitches on my left ankle, abrasion and laceration on my left foot, left knee and facial area. I do not know what is the damages of my motorcycle.





**SINGAPORE  
POLICE FORCE**



T/20190130/7003

3 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20190130/7003

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
THABAGESH JEYATHESH  
Contact No.: 65476232

Authentication Stamp  
NP168

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

Date/Time:  
30/01/2019 15:58

Classification Of Case:



**PUBLIC OF SINGAPORE** DRIVING LICENCE

Licence Number: **S8601544G**

Name: **MUHAMMAD HANAFEE BIN ABDUL RAHMAN**

Birth Date: **04 Feb 1986**  
Issue Date: **27 Oct 2015**

002487599E

SG 50



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

Class 2B Motorcycles =< 200 cc

EFFECTIVE DATE: **27 Oct 2015**

Licence No: **S8601544G**

NP 428A





**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. **S8601544G**

Name: **MUHAMMAD HANAFEE BIN ABDUL RAHMAN**

Race: **MALAY**  
Date of birth: **04-02-1986**  
Country of birth: **SINGAPORE**

Sex: **M**



4832310



NRIC No: **S8601544G**



Date of issue: **08-09-2010**

**APT BLX 574B WOODLANDS DRIVE 18 #02-748**  
**SINGAPORE 732574**

NRIC No: **S8601544G** Date: **28/08/2017 (R)**

**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

**MOTORCYCLE INSURANCE SCHEDULE**

DATE OF ISSUE: 16/06/2018

AGENCY: A0074-001-10021  
COMMERCIAL AGENCY PTE LTD

POLICY NO: MSD/VMT/18-383623-CA

**INSURED:**NAME: MUHAMMAD HANAFEE BIN ABDUL RAHMAN  
ADDRESS: 574B WOODLANDS DRIVE 16  
#02-746  
SE 732574NRIC NO: S8601544G  
DATE OF BIRTH: 04/02/1986 (32 yrs)  
DRIVING EXP: 27/10/2015 (2 yrs)  
CONTACT NO: 92726695

BUSINESS OR PROFESSION: TECHNICIAN

PERIOD OF INSURANCE FROM: 14/06/2018 12:01AM TO 13/06/2019

REGISTRATION NUMBER: FBB6438Y

MAKE OF VEHICLE: KAWASAKI

INSURED ESTIMATE OF VALUE: TPL

CUBIC CAPACITY: 148

YEAR OF REGISTRATION: 2007

SEATING CAPACITY: 2

**AUTHORISED DRIVERS:**

THE INSURED ONLY.

ENDORSEMENTS APPLICABLE: 3P 97 - INSURED

EXCESS:

PREMIUM: 175.00

GST @ 7% 12.25

TOTAL: 187.25

NO CLAIM BONUS OF 0% IS ALLOWED

NAME OF EMPLOYER AND/OR  
HIRE PURCHASE OWNER:

REPLACING POLICY NO: MSD/VMS/07-454978-CA

MSIG Insurance (Singapore) Pte. Ltd.

**Sanction Limitation and Exclusion Clause**

No Insurer shall be deemed to provide cover and no Insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that Insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or United Kingdom or United States of America.

Approved Insurers