

Date In: 07/03/2019 13:07	Job description	Date & Time Completed	Done by
Ref No: NRA/MSA900497/4	SAS e-filing		
Veh No: SLA 2604 M	E-mail (Vehicle Strs, AIC Strs)		
D.O.A: 06/03/2019 20:40	I-Motor Claim Form		
OT / TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	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: Vch No: **—** 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 Instructions:

() 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: ()

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

2) QC Check / Post Repair Inspection ()

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

Injury: _____

Date of Incident: _____

NA901791	Invoice		
Client/TP Particulars	1) AR: Accident Reporting (330)		
Driver/Owner:	2) DA: Damage Assessment (3100) INC (350)		
Contact No:	3) TP: Towing Fee 340/345		
Damaged Portion:	4) FT: Follow-Through Survey 3120		
	5) FT: Follow-Through Survey (Resurvey) 330		
	6) TR: Re-inspection 375		
	7) NI: I-Car DA + SMRT Survey 3160		
	8) NTUC Additional Services:		
	OT		
	*No: Courtesy Car / TP Allowance 33		
	*No: Repair Co-ordination 3000/3020		
	*No: Post Repair Inspection 325		
	*No: DV / Collect Excess Coordination 35		
	TP (NI): TP (Van INC) against INC 310		
	*No: I-Car Mobile 30		
	Invoice dated	Fee Charged	
	Invoice received	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 willful 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	07/03/2019 13:07
Date Of Accident	06/03/2019 20:40
Exact Location Of Accident	KJE EXITING INTO OLD WOODLANDS ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN2644M
Insured/Policyholder	
Name Of Registered Owner	ZAINAB BTE ARIFFIN
NRIC No	S1232519C
Email Address	MDALIF283@OUTLOOK.COM
Mobile Phone No	(LOCAL) +65-98502967
Alternative Phone No	OTHERS-94874651
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 80452597 QMY
Cover Note Number	
Driver	
Name of Driver	MOHAMMAD ALIF BIN JAFAR
NRIC No	S9009890Z
Date Of Birth	28/03/1990
Occupation	INDOOR
Date Of Driving Pass	18/09/2012
Driving Experience	6 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98502967
Fax Number	
Contact Number	OTHERS-94874651
EMail Address	MDALIF283@OUTLOOK.COM

Address BLK 337 JURONG EAST AVENUE 1
#06-1558

Postcode 600337

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own Vehicle -
-
-

Insurance Company of Driver's Own Vehicle -
-
-

General Information of the Accident

Type Of Accident NO COLLISION

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 1

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance? NO

Was any other material or property damaged? NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO

Number of Passengers (Including Driver) 2

Passenger 1 NAME: : FRIEND
GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name JURONG WEST NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-2689999 - FAX NO: 62672438

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190307/2003

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Remarks/ Reasons: WITH THE POLICE OFFICER

Was there any audio recorded? NO

SKETCH PLAN

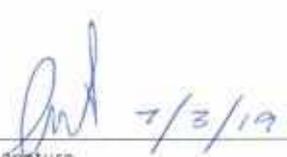
IMPORTANT NOTICE

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)**

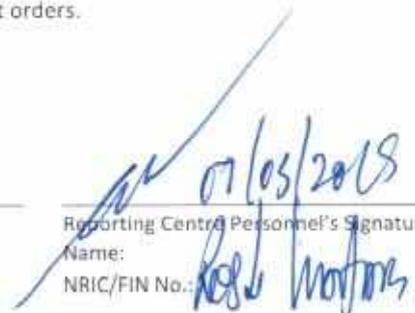
I understand, acknowledge, agree and consent that:

- (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:



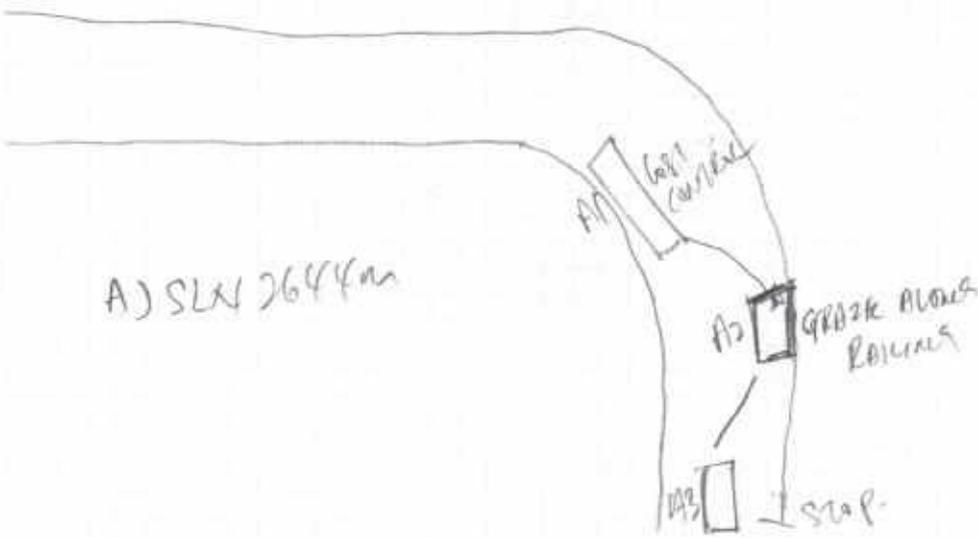
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN

KJE EXMINES OLD WOODLARKS ROAD-



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REF REFRA TO POLICE REPORT?

DECLARATION

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

Policyholder's Signature
Date & Time:

[Signature] 7/3/19.
Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Signature] 07/03/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: *[Signature]*



**SINGAPORE
POLICE FORCE**



T/20190307/2003

Police Station Of Origin
Jurong West N.P.C.
700 Corporation Road SINGAPORE 649818
Tel No 1800-2689999

1 of 3

Report No. T/20190307/2003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 07/03/2019 00:41	Vide Report No L/20190306/0142	Station Diary No 6
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Informant's Particulars			
Name of Informant MOHAMMAD ALIF BIN JAFAR		Address APT BLK 337 JURONG EAST AVENUE 1 #06-1558 SINGAPORE 600337	
ID Type / ID No NRIC NO / S9009890Z		Contact No Home/Office: Mobile: 94874651	
Nationality SINGAPORE CITIZEN		Email:	
Sex Male	Age 28	Date of Birth 28/03/1990	Type of Informant Driver
Race Javanese		Language	Institution / School Name
Occupation SAFETY CORDINATOR		Driving Licence Information Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident	Non-Injury Government Property	Drink Drive No	Date/Time of Accident 05/03/2019 20:40	Type of Location Bend
Location Along Road 1 KRANJI EXPRESSWAY EXIT INTO OLD WOODLANDS ROAD				
Weather Clear		Road Surface Dry		Road Speed Limit
Traffic Flow		Traffic Control Not Controlled		Traffic Volume No Traffic
Type of Collision Moving Vehicle Against - Road Divider/Kerb/Railings				Anyone conveyed by ambulance No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLN2644M	Car	HONDA	CIVIC	White	Seriously Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Jurong West N.P.C.
700 Corporation Road SINGAPORE 649818
Tel No 1800-2689999



T/201903072003



Report No: T/201903072003

CONTINUATION OF REPORT

Driver			
Name	MOHAMMAD ALIF BIN JAFAR	ID No.	S9009890Z
Related Vehicle	SLN2644M (Car)	Contact No	94874851
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 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 06/03/18 at about 2040hrs, I was driving my car (SLN2644M) along KJE exiting into Old Woodlands Road. I then noticed that there were debris on the road surface thus, I changed lane to avoid the debris. As I was changing lane, my car suddenly skidded and I lost control and collided onto the railings on the left. The left side of my car then went up the railing which caused my vehicle to overturn onto the right. After a few moments, my car landed back. I then alighted from my car and called for Police assistance. I then made a check on my vehicle and notice that the right side of my vehicle was severely damaged due to my vehicle was overturn on my right.

I wish to state that I have a in-car camera installed and I have forward the footage to TP IO Afq. I also wish to state that the railings on the left side was damaged



**SINGAPORE
POLICE FORCE**



T/20190307/2003

Police Station Of Origin
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No. 1800-2689999

3 of 3

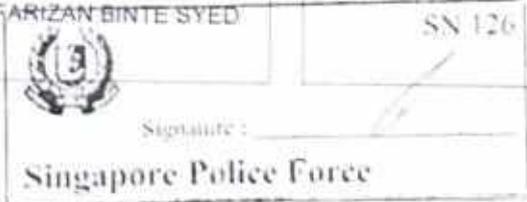
Report No. T/20190307/2003

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 J/ Sgt 1 CHEW WEI XIANG	Signature Of Informant 
Signature Of Interpreter Not applicable	Date/Time 07/03/2019 00:41
Officer In Charge Of Case TP / AEIT / Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No. 65476172	Classification Of Case SN 126
Authentication Stamp NP188  Signature : Singapore Police Force	

Insured Police Report

ACCIDENT STATEMENT

20:40

ACCIDENT DATE: (6/3/2019) (DD/MM/YYYY), TIME: (08:40) (HH:MM)

LOCATION: KSE Exiting old waddell road.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLN 2649M
- b) INSURANCE COMPANY: MSIA
- c) POLICY NUMBER: A804525970MY
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: Civic Gc
- 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)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Zairah Bte Haniff (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S12325196 CONTACT: 9850 2067
- c) ADDRESS: Jurong East ave 1 B16 337 #06-1558

FRIMAS

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- d) NAME: Muhammad Hil Bin Jabar (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: 591198902 CONTACT: 94874651
- c) ADDRESS: Jurong East ave 1 B16 337 #06-1558

* No of passenger (including driver) (2)

- *d) DATE OF BIRTH: (28/03/1990) (DD/MM/YYYY)
- e) OCCUPATION: (INDOOR / OUTDOOR)
- f) DATE OF DRIVING PASS: 18 Sep 2012

- 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) NO
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: son
- 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) clear
- b) ROAD SURFACE: (DRY / WET / OTHERS) dry
- 6. WAS ANYBODY INJURED (YES / NO) NO
- 7. a) REPORTED TO POLICE (YES / NO) YES
IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
- b) DRIVER'S NAME: _____
- c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger (including driver) ()

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
- e) DRIVER'S NAME: _____
- f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger (including driver) ()

email = mdali283@outlook.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9009890Z



Name
MOHAMMAD ALIF BIN JAJAAR

Race
JAVANESE
Date of birth
28-03-1990 Sex
M
Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: **S9009890Z**

Name
MOHAMMAD ALIF BIN JAJAAR

Birth Date: **28 Mar 1990**

Issue Date: **18 Sep 2012**



WIC No. **S9009890Z**



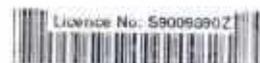
Date of issue
12-11-2008

Address
**APT BLK 337 JURONG EAST AVENUE 1
#06-1558
SINGAPORE 600337**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

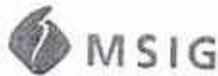
EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2000kg 18 Sep 2012



License No. S9009890Z

NP 428A



MSIG Insurance (Singapore) Pte. Ltd.
 4 Shelton Way #21-01 SGX Centre 2 Singapore 068807
 Tel: (65) 6827 7888 Fax: (65) 6827 7800
 Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

2/16

Certificate of Insurance

ORIGINAL

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 RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.X.3 Motor Fleet Only	MOTOR MAX PLUS Comprehensive	Excess: S\$2500 Windscreen Excess: S\$1000
Certificate No. A 50452597 Q8Y		
1. Index Mark and Registration Number of Vehicle	BN2644M	
2. Name of Policyholder	ZAINAB BTE ARIFPIN (NON-DRIVER)	
3. Effective Date of the Commencement of Insurance for the purposes of the Act	25/12/2017	
4. Date of Expiry of Insurance	28/12/2018 <i>26/04/2019</i>	
5. Persons or Classes of Persons entitled to drive*	MOHAMMAD ALIF BIN JAFAR NRIC: S90098902 SON/MARRIED DOB: 28-03-1990 DLP: 18-09-2012 SAFETY COORDINATOR Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission. * Provided that the person driving is permitted in accordance with the licensing or other laws or 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.	
6. Limitations as to use*	Use only for social domestic and pleasure purposes and for the Policyholder's business. The Policy does not cover use for hire or reward racing pace-making reliability trial speed-testing the carriage of goods other than samples in connection with any trade or business or 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.	
PLEASE NOTE ALL CLAIMS RELATED REPAIR CAN BE CARRIED OUT AT ANY WORKSHOP OF YOUR CHOICE OR AT ANY MSIG AUTHORISED WORKSHOP LISTED IN THE ATTACHED. This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the Insurer within 7 days of the termination or if the Certificate has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).		

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 Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

 Signature / Date
 Counter-Signatory:
 S & M Alliance Pte Ltd

MSIG Insurance (Singapore) Pte. Ltd.
 Approved Insurers

 Amy Lee
 Senior Vice President, Agencies

This certificate is not valid unless it is signed for & on behalf of the Company and Counter-Signed by a duly authorized representative of the Counter-Signatory.

XSNMCSQ2017122912087443