

NATIONAL Assessment Centre Services.

[ver 1 Jan 05]

MAA 19033432

Date In: 12/03/2019 17:17	Job description	Date & Time Completed	Done by
Ref No: NBA/MS419004497	SAS e-filing		
Veh No: FBE 87214	E-mail (Within 2hrs, AIC 2hrs)		
D.O.A: 12/03/2019 11:30	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: GBE 6125	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: ()	
1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury: ()	
Date: ()	
Time: ()	
Location: ()	
Weather: ()	
Witness: ()	
Signature: ()	

MAA 1901871	Invoice
Driver/Owner:	1) AR: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$50)
Damaged Portion:	3) TP: Towing Fee \$40/245
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120
	5) FT: Follow-Through Survey (Resurvey) \$30
	6) TR: Re-inspection \$75
	7) NI: Idao DA + SMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	* NS: Courtesy Car / Tpt Allowance \$5
	* NR: Repair Co-ordination \$10
	* NT: Post Repair Inspection \$25
	* ND: DV / Collect Excess Coordination \$5
	TP (Nil); TP (Non INC) against INC \$30
	9) NI: Idao Mobile
	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	12/03/2019 17:17
Date Of Accident	12/03/2019 11:30
Exact Location Of Accident	UNDER FLYOVER OF UPPER CHANGI ROAD EAST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF8721U
Insured/Policyholder	
Name Of Registered Owner	ASHAR BIN SICHOR
NRIC No	S1485939Z
Email Address	SICHOR1401@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90199110
Alternative Phone No	OTHERS-90199110

Vehicle Particulars

Manufacturer	HONDA
Model	CS1 CS12A1RR
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	REPORTING ONLY
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	
Cover Note Number	72156300

Driver

Name of Driver	ASHAR BIN SICHOR
NRIC No	S1485939Z
Date Of Birth	14/01/1961
Occupation	INDOOR
Date Of Driving Pass	22/02/1980
Driving Experience	39 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90199110
Fax Number	
Contact Number	OTHERS-90199110
Email Address	SICHOR1401@GMAIL.COM

Address	BLK 95 COMMONWEALTH DRIVE #02-774
Postcode	140095
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 - 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?	NO
Was any injured conveyed to hospital by ambulance?	NO
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

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	GBE6125J
Vehicle Make/Model/Colour	NISSAN NV200
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TAN KWANG CHAI
NRIC/Passport Number	S1530461H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

12/3/2019

Driver's Signature

(If driver is not the policyholder)

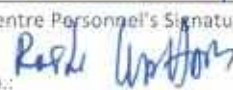
Date & Time:

Reporting Centre Personnel's Signature

Name:

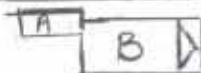
NRIC/FIN No.:

12/03/2019



SKETCH PLAN

UPPER CHANGI ROAD EAST



UPPER CHANGI
FLYOVER

A) FBF 87214

B) GBE 6125J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AFTER THE LIGHT TURN GREEN EVERY VEHICLES MOVE SLOWLY
SUDDENLY THE VAN IN FRONT OF ME VEHICLE NO GBB 6125J
PUT ON EMERGENCY BRAKE AND I HIT AT SIGNAL LIGHT
LIGHT ON THE LEFT OF VEHICLE.

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time:

12/3/2019

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature] 12/03/2019
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

12/03/2019

[Signature]

ACCIDENT STATEMENT

ACCIDENT DATE: (12 / 3 / 2019) (DD/MM/YYYY). TIME: (11.30) (HH:MM)

LOCATION: UPPER CHANGLI ROAD EAST UNDER FLYOVER

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBF 8721 U
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER: 72156300
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: HONDA
 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: ASHAR BIN SICHOR (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S14859392 CONTACT: 90199110
 c) ADDRESS: BLK 95 COMODITYWEALTH DRIVE #01-77N
S'POER 140095

* CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: ASHAR BIN SICHOR (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S14859392 CONTACT: 90199110
 c) ADDRESS: AS ABOVE

* d) DATE OF BIRTH: (14 / 01 / 1981) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 22 FEB 1980

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNED

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / ~~WET~~ / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBE 6125 J MODEL: NISSAN NV200
 b) DRIVER'S NAME: TAN KWANG CHAI
 c) NRIC/FIN/PASSPORT: S1530461 H CONTACT:

9. THIRD PARTY VEHICLE

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

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

Email = sichor1401@gmail.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1485939Z



Name

ASHAR BIN SICHOR

Race

JAVANESE

Date of birth

14-01-1961

Sex

M

Country/Place of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



S1485939Z

ASHAR BIN SICHOR

Birth Date 14 Jan 1961

Issue Date 22 Jun 2016



002580721K

5620311



NRIC No. S1485939Z



Date of issue

22-06-2016

Address

APT BLK 95 COMMONWEALTH DRIVE
#02-774
SINGAPORE 140095

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

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 cc	22 Feb 1980
Class 2A	Motorcycles between 201 cc and 400 cc	22 Feb 1980
Class 2	Motorcycles > 400 cc	22 Feb 1980
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	02 Sep 1998
Class 4A	Omnibuses	26 Jun 2009



Licence No. S1485939Z

NP 428A

**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

For any enquiries, please call the Underwriting agent : Commercial Agency Pte Ltd
 23 Kelantan Lane #02-01/02 Kim Hoe Centre Singapore 208642 Tel : 63373133.

MOTOR CYCLE COVER NOTE

(Strictly for Motor Cycle Insurance)

MSCN No : 72156300

Excess: \$300 (FIRE&THEFT) \$600 (ENDT 2K)

Agency : A0074-001-10225

Date : 13 Feb 2019

Name : ASHAR BIN HICIOR

having proposed for insurance in respect of the Motor Cycle described in the Schedule below the risks is hereby HELD COVERED
 in the terms of the Company's usual form of Third Party Fire & Theft Policy applicable thereto for the

period from 00:01AM on 01 Mar 2019 to midnight on 28 Feb 2020 unless the
 cover be terminated by the Company by notice in writing in which case insurance will thereupon cease and a proportionate part of
 the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDULE

Registration No.	FBP8721U	Insured Value	Prevailing Market Value
Engine No.	JBA1E1103013	C.C.	125
Chassis No.	NH11BA1198V103E40		
Year Manufactured	2009	Year of Registration	2009
Make & Model	HONDA (CB1 125) (CB125R)		
Rider Type	Full Time Rider		

Use only for the following purpose : social domestic and pleasure purposes and in connection with policyholder's business or profession.

CERTIFICATE OF INSURANCE

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 185) and the Road Transport Act, 1987 (Malaysia).

IMPORTANT

Please be informed that this cover note is issued for temporary use only and that you must exchange the cover note for the
 Certificate of Insurance from the respective agents within 14 days hereof.

For MSIG Insurance (Singapore) Pte. Ltd.

Not valid unless countersigned by Authorized Person

UNIVERSAL MOTORS PTE LTD

BLK 1006 BUKIT MERAH LANE 2

72004134 SINGAPORE 159762

TEL: 62782029 FAX: 62732039

Approved Insurer

MSD/VMS/18-379893

(Please read important information on the reverse page.)