

NATIONAL Assessment Centre Services (ref 1 Jan 05) **MA604603995**

Date In: 21/03/2019 14:05	Job description	Date & Time Completed	Done by
Ref No: NBA/MY919005449/Y	SAS e-illing		
Veh No: FBN, 42633	E-mail (Ejolla 2hrs, AIC 2hrs)		
D.O.A: 21/11/2019 13:30	I-Motor Claim Form		
OID: 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/Whsr		

Preferred Wkep / INC Assign Wkep / QW: () Toll: () Fax: ()

TP Particulars: Veh No: **8TB 916X** 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 Instructions:

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repair.

() 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: _____

NA1902236			
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100) INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
	4) PT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	6) TR: Re-inspection \$75		
	7) NI: Idax DA + SMRT Survey \$160		
	8) NIUC Additional Services:		
	9) NI: Idax Mobile		
QC Checked by (Engr-In-Charge):	10) NI: Repair Co-ordination \$120		
	11) NI: Post Repair Inspection \$25		
	12) NI: DV / Collect Excess Certification \$5		
	13) NI: TP (N1) / TP (N1) INC \$20		
	14) NI: Idax 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	27/03/2019 14:05
Date Of Accident	21/11/2018 13:30
Exact Location Of Accident	ALONG BRADDELL FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN4263J
Insured/Policyholder	
Name Of Registered Owner	ZAIZULNIZAM BIN MOHD IZHAR
Co Reg No	-
Email Address	IZAMBROS17@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87503387
Alternative Phone No	OFFICE-87503387

Vehicle Particulars

Manufacturer	HONDA
Model	CB150R-149CC
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	60821170

Driver

Name of Driver	NORIZAM BIN SHARIFF
NRIC No	S7507091H
Date Of Birth	17/03/1975
Occupation	INDOOR
Date Of Driving Pass	17/08/2000
Driving Experience	18 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87503387
Fax Number	
Contact Number	
E-Mail Address	IZAMBROS17@GMAIL.COM

Address	BLK 693D WOODLANDS AVENUE 6 #12-833
Postcode	734693
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?	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	SHB9719X
Vehicle Make/Model/Colour	RENAULT LATITUDE
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	GAN MENG HONG
NRIC/Passport Number	S17131551
Contact Number	91136222
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	NORIZAM BIN SHARIFF
------	---------------------

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBN4263J

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

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.

Nuridam 

Policyholder's Signature

Date & Time: 24/11/18

11:38 hrs

Driver's Signature

(if driver is not the policyholder)

Date & Time:

 27/03/2019
Reporting Centre Personnel's Signature
Name: 
NRIC/PIN No.:



**SINGAPORE
POLICE FORCE**

Your Ref : MSC/V/18-001527
Our Ref : GIA/T00345/19B/0302
Date : 28 February 2019

Traffic Police
10 Ubi Avenue 3
Singapore 408866
Tel +65 6547 0000
Fax +65 6547 4883
www.police.gov.sg

ZAIZULNIZAM BIN MOHD IZHAR
BLK 165A TECK WHYE CRESCENT
06-301
SINGAPORE 681165

Dear Sir / Madam,

**TRAFFIC ACCIDENT INVOLVING VEHICLES SHB9719X & FBN4263J ON 21.11.2018 @
1330 HRS ALONG BRADDELL FLYOVER**

I refer to the above accident.

2 We have been informed by your insurance company, **MSIG Insurance (Singapore) Pte Ltd**, that you have yet to report the above accident despite a reminder. Please do so with the said insurance company as soon as possible.

3 If you were not involved in any such accident, please inform your insurance company as such.

4 Should you have any queries, you may contact your insurance company.

5 Thank you.

Yours faithfully,

SSGT SELINA WONG
for HEAD
TRAFFIC INVESTIGATION
TRAFFIC POLICE



cc MSIG INSURANCE (SINGAPORE) PTE LTD
16 RAFFLES QUAY
#24-01
SINGAPORE 048521
ATTN: KATHERINE WONG - TEL: 6594 2544

ACCIDENT STATEMENT

ACCIDENT DATE: 21 / 11 / 2018 (DD/MM/YYYY), TIME: 13 : 15 (HH:MM)

LOCATION: CTE towards Serangoon along BRADDA FLYOVER

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBN 4523 J
b) INSURANCE COMPANY: Great American m19
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HONDA 150R FEMOTION
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
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: NORIZAM BIN SHARIF (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7507091H CONTACT: 87503384
c) ADDRESS: Blk 643D, Woodlands Ave 6, #12-833, S (734643)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: GAN MENG HONG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S17131551 CONTACT: 91136222
c) ADDRESS: _____

*d) DATE OF BIRTH: 19 / 9 / 1965 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

FRONT OF DRIVING PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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: SHB9719X MODEL: RENAULT
b) DRIVER'S NAME: GAN MENG HONG
c) NRIC/FIN/PASSPORT: S17131551 CONTACT: 91136222

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)
()

* No of passenger
(including driver)
()

email = izam bros 17@gmail.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7507091H



Name
NORIZAM BIN SHARIFF

توریدم بن شارف

Race
MALAY

Date of birth
17-03-1975

Sex
M

Country/Place of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

S7507091H



NORIZAM BIN SHARIFF

Issue Date: 17 Mar 1975

Valid Until: 11 Sep 2018



R0026444588



5746308

NRIC No: S7507091H



Date of issue
05-05-2017

APT BLK 893D WOODLANDS AVENUE 6 #12-833
SINGAPORE 734893

NRIC No: S7507091H

Date: 04/07/2018

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

EFFECTIVE DATE

Class 2B Motorcycles <= 200 cc

17 Aug 2000



Licence No: S7507091H

NP 428A



MSIG

MSIG Insurance (Singapore) Pte. Ltd. (In 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, **PTT Insurance Agencies Pte Ltd**
5001 Beach Road #02-77/78 (Shenton Way) Singapore 099588 Tel : 62946259 / 62965445

MOTOR CYCLE COVER NOTE

MSCN No : 60821170 Excess : \$300 (FIRE&THEFT) \$600 (ENDT 2K)
Agency : A0633-001-W0861 Date : 26 Sep 2018
Name : ZAIZULNIZAM BIN MOHD IZHAR

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 **11:08AM** on **26 Sep 2018** to midnight on **25 Sep 2019** 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.	FBN4263J	Insured Value	Prevailing Market Value
Engine No.	KC32E0026636	C.C.	149
Chassis No.	MLHKC2889J5026636		
Year Manufactured	2018	Year of Registration	2018
Make & Model	HONDA [CB150R MANUAL]	This Bike is Still Under Hire Purchase with DE XING MOTOR PTE LTD	
Substitute Rider	NORIZAM BIN SHARIFF [DOB:17 Mar 1975]	No add rider or renewal is allowed	

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 189) 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.



Not valid unless countersigned by Authorized Person

For MSIG Insurance (Singapore) Pte. Ltd.



Approved Insurer

(Please read important information on the reverse page.)