

NATIONAL Assessment Centre Services.

(ver 1 Jan 05)

NA19042908

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 12/04/2009 16:32 | Job description | Date & Time Completed | Done by |
| Ref No: NBS/M8419006568 | SAS e-filing | | |
| Veh No: FB 1181U | E-mail (Vehicle sheet, AIC sheet) | | |
| D.O.A: 11/04/2009 20:25 | I-Motor Claim Form | | |
| OID (TP) Reporting Only | I-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| TP Insurer: | Ass't Report by Fax/Hand to Owner/Whom | | |

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

42409R

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 ()

() 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: ()

Repairer: ()

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

| | |
|-----------|--|
| Date: | |
| Time: | |
| Location: | |
| Remarks: | |

NA1902683

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

NA1902683

Assessment/Repair Coordination:

Sal. 1:

2/3:

- 1) AR: Accident Reporting (\$30)
- 2) DA: Damage Assessment (\$100) INC (\$50)
- 3) TP: Towing Fee \$107.45
- 4) FT: Follow-Through Survey \$120
- 5) PT: Follow-Through Survey (Resurvey) \$38
- For claiming against INC Only (ver 10 Jan 2005)
- 6) TR: Re-inspection \$75
- 7) NI: Idas DA + SMRT Survey \$160
- 8) NTUC Additional Services:

- ON:
- NI: Courtesy Car / TP Allowance \$3
- NI: Repair Coordination NA1902683 \$180
- NI: Post Repair Inspection \$25
- NI: DV / Collect Excess Coordination \$5
- TP (NI) / TP (Non INC) against INC \$30
- 9) NI: Idas Mobile

Invoice dated:

Invoice dated:

Fee Charged

Fee Charged

FOR:

10-DEC-2018 MON 08:09

10-DEC-2018 MON 08:09

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 | 12/04/2019 16:32 |
| Date Of Accident | 11/04/2019 20:25 |
| Exact Location Of Accident | JUNCTION OF DEVONSHIRE ROAD/GRANGE ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------|
| Vehicle Registration Number | FBB1181U |
| Insured/Policyholder | |
| Name Of Registered Owner | ROSLI BIN SAMSON |
| NRIC No | S8021978D |
| Email Address | JAXCOURIER.SG@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-87509227 |
| Alternative Phone No | OTHERS-87509227 |

Vehicle Particulars

| | |
|--|-------------------|
| Manufacturer | YAMAHA |
| Model | SNIPER T150-150CC |
| Exact Purpose for which vehicle was being used at time of accident | WORKING PURPOSES |
| 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/18-382979-CA |
| Cover Note Number | |

Driver

| | |
|----------------------|-------------------------|
| Name of Driver | ROSLI BIN SAMSON |
| NRIC No | S8021978D |
| Date Of Birth | 29/07/1980 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 21/03/2002 |
| Driving Experience | 17 YEARS AND 0 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-87509227 |
| Fax Number | |
| Contact Number | OTHERS-87509227 |
| E-Mail Address | JAXCOURIER.SG@GMAIL.COM |

| | |
|---|--|
| Address | BLK 683A CHOA CHU KANG CRESCENT #06-408 |
| Postcode | 681683 |
| 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? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | ORCHARD NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 51 KILLINEY ROAD , POSTCODE: 239572 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-7359999 - FAX NO: 67331934 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190411/2197

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 | SLP2409R |
| 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)

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.


1625 12/11/19

Policyholder's Signature
Date & Time:

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


12/06/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

W. RICHMOND BLVD

GLENN ROAD

GLENN ROAD

HAFFIZ LIGHT

A) F8B1181U

B) SLP9409R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

W. RICHMOND BLVD

GLENN ROAD

GLENN ROAD

HAFFIZ LIGHT

A) F8B1181U

B) SLP9409R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PS Refr to Police Report
T/201904/2017.

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

12/4/19

Policyholder's Signature
Date & Time:

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

12/06/2019
Reporting Centre Personnel's Signature
Name: Rosli Choo
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20190411/2197

1 of 4

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

Report No. T/20190411/2197

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|---|---------------------------|----------------------------|
| Date/Time Report Made: 11/04/2019 23:06 | | Vide Report No.: | | Station Diary No.: 172 | |
| Informant's Particulars | | | | | |
| Name of Informant: ROSLI BIN SAMSON | | | Address: APT BLK 683A CHOA CHU KANG CRESCENT #06-408 SINGAPORE 681683 | | |
| ID Type / ID No.: NRIC NO / S8021978D | | | Contact No.: Home/Office: Mobile: 87509227 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 38 | Date of Birth: 29/07/1980 | Type of Informant: Rider | | |
| Race: Javanese | | | Language: English | | Institution / School Name: |
| Occupation: DELVIERY MAN | | | Driving Licence Information: Class: 2B,2A,2 | | Date of Expiry: |

General Information of the Accident

| | | | | |
|--|---------------------------|---|--|-------------------------------------|
| Type of Accident: | Non-Injury Hit and Run | Drink Drive: No | Date/Time of Accident: 11/04/2019 20:55 | Type of Location: X-Junction |
| Location: Junction of Road 1 and Road 2 DEVONSHIRE ROAD GRANGE ROAD Junction right before Orchard Blvd | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Traffic Light - Working | | Traffic Volume: Heavy |
| Type of Collision: Moving Vehicle Against - Parked Vehicle | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|--------|-------------|-------|------------------|-----------------|
| FBB1181U | Motorcycle | YAMAHA | SNIPER T150 | Green | Slightly Damaged | 0 |
| SLP2409R | Car | HONDA | | Blue | Slightly Damaged | 1 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|--------------------------------------|--------------|------------|-------------|
| FBB1181U | MSIG INSURANCE (SINGAPORE) PTE. LTD. | 72091510 | 10/05/2018 | 09/05/2019 |



SINGAPORE POLICE FORCE



T/20190411/2197

2 of 4

Report No. T/20190411/2197

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|-----------------------|--|---------------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Rider | | | |
| Name | ROSLI BIN SAMSON | ID No. | S8021978D |
| Related Vehicle | FBF1181U (Motorcycle) | Contact No. | 87509227 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 2B,2A,2 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Driver | | | |
| Name | Unknown Driver | ID No. | NIL |
| Related Vehicle | SLP2409R (Car) | Contact No. | 94322014 |
| 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 11/04/2019 at about 2055hrs, I was riding along Devonshire Road at the 2nd left most lane. As I was approaching the junction before Orchard Blvd, I decelerated and pulled to a stop behind a bus as the traffic light was red.

Subsequently, one dark blue color Honda (SLP2409R) collided into my vehicle's right rear which caused me to lose balance, I then tripped over as I dropped my bike to the ground. I was not injured.

However, as I then tried to exchange particulars with the driver of the Honda who was a Chinese person, he refused to provide it and insisted on only giving me his phone number (HP: 94322014) as he wanted to resolve the matter privately. After which, he got back into his vehicle and drove off hurriedly.

I have managed to take a photo of his car. My bike had suffered a dent on my rear fender, while both front left lever and rear left foot rest was bended.

However, I do not trust the driver as such I wish to lodge the report.



**SINGAPORE
POLICE FORCE**



T/20190411/2197

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

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Report No. T/20190411/2197

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20190411/2197

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

4 of 4

Report No. T/20190411/2197

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:

E /

Sgt 2 NATHAN LIM ZI HAO

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

SI KALESWARI PALANI

Contact No.: 65476902

Authentication Stamp:

NP188

Signature Of Informant:

Date/Time:

11/04/2019 23:06

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: (11 / 04 / 2019) (DD/MM/YYYY). TIME: (20 : 55) (HH:MM)

LOCATION: Junction of Devonshire Road & Grange Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBB11814
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Yamaha Sniper 150
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Rosi Bini Samson (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8021978/D CONTACT: 87509227
 c) ADDRESS: Blk 683 A Choa Chu Yang Crest
H 06-404 681883

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: DS Abouh (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 29 / 07 / 1980 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 21/3/2002

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

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

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

6. WAS ANYBODY INJURED (YES / NO) NO

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

IF YES, PLEASE STATE WHICH POLICE STATION: Orchard NPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLP 4092 MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: 94322514

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 = Jaxcourier.sg@gmail.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8021978D



Name

ROSLI BIN SAMSON

Race

JAVANESE

Date of birth

29-07-1980

Country/Place of birth

SINGAPORE

Sex

M



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8021978D

ROSLI BIN SAMSON

Birth Date 29 Jul 1980

Issue Date 06 Jun 2015



002435765F

SG
50

5377902



NRIC No. S8021978D



Date of issue

16-10-2014

APT BLK 883A CHOA CHU KANG CRESCENT #06-408
SINGAPORE 661883

NRIC No. S8021978D

Date: 20/11/2019

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

EFFECTIVE DATE

21 MAR 2020

NP 426A





CA 506369
MSIG Insurance (Singapore) Pte. Ltd. (U.S. Reg No. 299112210)
4 Shenton Way, # 21-01, SGX Centre2, Singapore 068807
Tel +65 6827 7888 Fax +65 6827 7800
msig.com.sg

CERTIFICATE OF INSURANCE

Road Transport Act, 1987 (Malaysia)
The Motor Vehicles (Third Party Risks) Rules, 1979 (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/VMS/18-382979-CA A0074-001/10110

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

1. In mark and Registration Number of Vehicle FBB11810
YAMAHA 150 c.c.
2. Name of Policyholder ROSLI BIN SAMSON
3. Effective date of the Commencement of Insurance
for the purposes of the Act 1201AM 10/05/2018
4. Date of Expiry of Insurance 09/05/2019
5. Persons or Classes of Persons entitled to drive
a. The Policyholder.

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. Policy does not cover

1. Use for hire or reward.
2. Use for racing, pace-making, reliability trial or speed-testing.
3. 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: 72091510
14/05/2018 (SL)
CA/CJ-03 (05/13)

COMMERCIAL AGENCY PTE. LTD.
Underwriting Agent
For MSIG Insurance (Singapore) Pte. Ltd.