

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA119049249

Date In: 16/1/09-16:42	Job description	Date & Time Completed	Done by
Ref No: UA 123456789	SAS e-filing		
Veh No: F0556415	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 10/4/09-09:10	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: 3456789	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

MNA11902782	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	Int. Bill	Add. Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TF: 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 / Tpt 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: Idac Mobile 30		
	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	16/04/2019 16:40
Date Of Accident	10/04/2019 09:10
Exact Location Of Accident	KAKI BUKIT AVE 2
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBE5641S
Insured/Policyholder	
Name Of Registered Owner	NURRASHID BIN KAMARUDIN
NRIC No	S8037416Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81571899
Alternative Phone No	OFFICE-81571899
Vehicle Particulars	
Manufacturer	SYM
Model	GTS200
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSD/VMS/18-388898-CA
Cover Note Number	
Driver	
Name of Driver	NURRASHID BIN KAMARUDIN
NRIC No	S8037416Z
Date Of Birth	29/11/1980
Occupation	INDOOR
Date Of Driving Pass	06/12/2001
Driving Experience	17 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81571899
Fax Number	
Contact Number	OFFICE-81571899
EMail Address	NOEMAIL

Address	BLK 707 PASIR RIS DRIVE 10 #10-165
Postcode	510707
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 - CHANGE/CROSS LANE
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	KRETA AYER NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: 32 NORTH CANAL ROAD , POSTCODE: 059282 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5359999 - FAX NO: 62362541
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190411/2019.

#### 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	SGY7320R
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)

1

**DETAILS OF INJURED PERSON 1**

Name

NURRASHID BIN KAMARUDIN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

FBE5641S

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:

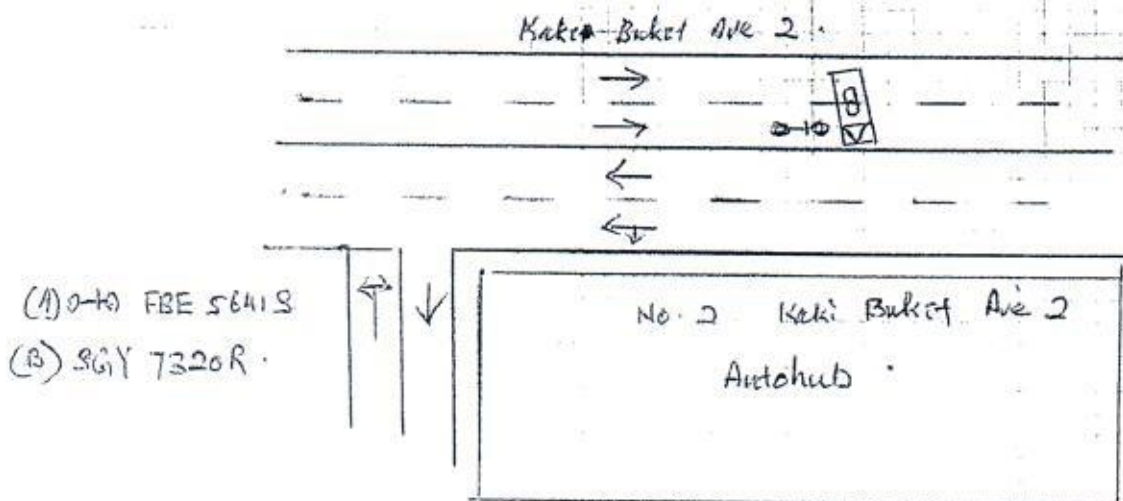
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 refer To Police Report  
No: T/20190411/2019.

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.:

Vehicle No.	FBE 5641 S.	Model/Make	SYM GTS 200
Date of Accident	10/04/19		
Time of Accident	0910 HRS		
Location of Accident	Kaki Bukit Ave 2		
Exact purpose use during accident	Private Used		
Name of Owner	Nurraheed Bin Kamarudin		
Telephone No.	H/P: 8157 1899	Home:	Office:
NRIC	S 8037A1E2		
Address	BLK 707, Passer Res Drive #10 #10-165 (3) S10707		
Claim type	OD (THIRD PARTY) REPORTING ONLY		
Insurance Company	MSIG		
Type of Coverage	Comprehensive Third Party (Third Party / Fire / Theft)		
Policy No.	MSD/VMS/18-388898-CA A-6674-001		
Name of Driver	As Above If No,		
NRIC		Any Passengers:	N.A.
Date of birth	29/11/1980		
Occupation	Outdoor / Indoor		
Driving License Pass Date	11/04/2003		
Gender	Male / Female		
Contact No.	H/P:	Home:	Office:
Address			
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee, If no, state owner		
Weather condition	Clear / Raining / Other		
Road Surface	Dry / Wet / Other		
Any Injuries	No, If Yes, Who?		
Name And Contact No.	Nurraheed Bin Kamarudin (H/P: 8157 1899)		
Name And Contact No.			
Police Report	No, If Yes, Where? Kreta Ayer NPP		
Vehicle B No.	SGY 7320 R	Any Passengers:	N.A.
Name of Driver		Contact No.:	
Vehicle C No.		Any Passengers:	
Vehicle D No.		Any Passengers:	
Vehicle E no.		Any Passengers:	
Vehicle F No.		Any Passengers:	
Vehicle G No.		Any Passengers:	
Witness Name	N.A.	Witness Contact:	N.A.
Accident Portion	Front and right side		
Camera Recorder	Yes / No		
Email Address	rashintor@gmail.com		
PARTICULAR WORKSHOP	MS1051		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Jackie		
FAX NO	6741 0510		
WORKSHOP Email ADDRESS	Sales@msi.com.sg		



**SINGAPORE  
POLICE FORCE**



T/20190411/2019

Police Station Of Origin:  
Kreta Ayer NPP  
32 North Canal Road SINGAPORE 059282  
Tel No: 1800-5359999

1 of 3

Report No. T/20190411/2019

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/04/2019 08:28		Vide Report No.:		Station Diary No.: 10	
<b>Informant's Particulars</b>					
Name of Informant: NURRASHID BIN KAMARUDIN			Address: APT BLK 707 PASIR RIS DRIVE 10 #10-165 SINGAPORE 510707		
ID Type / ID No.: NRIC NO / S8037416Z			Contact No.: Home/Office: Mobile: 81571899		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 38	Date of Birth: 29/11/1980	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: SCDF			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/04/2019 09:10	Type of Location: Straight Road
Location: Along Road 1 KAKI BUKIT AVENUE 2  Towards Eunus Link.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE5641S	Motorcycle	SYM	GTS200	Grey	Slightly Damaged	0
SGY7320R	Car	MITSUBISHI	COLTPLUS 1.5	White		0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE5641S	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72121690	08/09/2018	07/09/2019



**SINGAPORE  
POLICE FORCE**



T/20190411/2019

Police Station Of Origin:  
Kreta Ayer NPP  
32 North Canal Road SINGAPORE 059282  
Tel No: 1800-5359999

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Report No. T/20190411/2019

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	NURRASHID BIN KAMARUDIN	ID No.	S8037416Z
Related Vehicle	FBE5641S (Motorcycle)	Contact No.	81571899
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	10/04/2019	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	Slight

**Brief Details.**

On 10 April 2019 at about 0910hrs, I was riding my personal M/Bike bearing the registration number FBE5641S, heading to work. I was riding along Kaki Bukit Avenue 2 on the right lane. I observed that there were cars formed up ahead thus I decided to overtake all the stationary cars on their right side as there were ample space for me to do so.

In the midst of overtaking, suddenly there was one Mitsubishi Colt made a sudden right turn causing me to make contact with the said car. I then fell sideways. The driver of the said car got out & assisted as well. I wish to state that there were no signal light indicating the intention to turn. Traffic police also attended & I was conveyed to Changi General Hospital by Ambulance for medical attention.

I am given 7 days of Hospitalisation Leave from 10 April 2019 - 16 April 2019. That is all.



**SINGAPORE  
POLICE FORCE**



T/20190411/2019

Police Station Of Origin:  
Kreta Ayer NPP  
32 North Canal Road SINGAPORE 059282  
Tel No: 1800-5359999

3 of 3


Report No. T/20190411/2019

**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: A / Sgt 3 MUHAMMAD TAUFIQ BIN ZAINUDIN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 11/04/2019 08:28
Officer In Charge Of Case: TP / GIT / SI MOHAMMAD SHAHRIL BIN ABDULLAH Contact No.: 65476083	Classification Of Case:

Authentication Stamp  
NP168



REPUBLIC OF SINGAPORE DRIVING LICENCE

Name: S8037416Z

NURRASHID BIN KAMARUDIN

Birth Date: 29 Nov 1980

Issue Date: 18 Sep 2000

0016530029

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8037416Z

Name: NURRASHID BIN KAMARUDIN

نوراشيد بن كامارودين

Race: MALAY

Date of birth: 29-11-1980

Sex: M

Country of birth: SINGAPORE

S8037416Z

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	Pass Date
Class 2B	Motorcycles <= 200 cc	06 Dec 2001
Class 2A	Motorcycles between 201 cc and 400 cc	11 Apr 2003
Class 2	Motorcycles > 400 cc	28 Dec 2004
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg	13 Jun 2005

Licence No: S8037416Z

NP 428A

4254114

S8037416Z

Date of issue: 08-07-2008

APT BLK 707 PASIR RIS DRIVE 10 #10-185

SINGAPORE 510707

NRIC No: S8037416Z

Date: 29/07/2018



CA 513033  
MSIG Insurance (Singapore) Pte. Ltd. (In Reg. No. 200412212G)  
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807  
Tel +65 6827 7800, Fax +65 6827 7800  
msig.com.sg

15-16-1645b

### CERTIFICATE OF INSURANCE

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. 149 of the Revised Edition) (Republic of Singapore)  
The Motor Vehicles (Third Party Risks and Compensation) Rules, 1996 (Republic of Singapore)  
Or any Amendment, Act or Act passed in substitution thereof.

11.10.2019 11:55  
No. 0949  
POLICY NO : MSD/VMS/18-388898-CA A0074-001/10223

Insured : PWV  
CLASS : \$140(FIRE&THEFT) \$600(NDOT 2K)

Index mark and Registration Number of Vehicle : PDB56418

Name of Policyholder : SYM  
MURRASHID BIN KAMARUDIN 172 c.c.

Effective date of the Commencement of Insurance  
for the purposes of the Act : 1201AM 08/09/2018  
Date of Expiry of Insurance : 07/09/2019

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.

b. Limitation as to Use

Use for social domestic and pleasure purposes and in  
connection with the Policyholder's business or profession.

The Policy does not cover

1. Use for hire or reward.
2. Use for racing, pace-making, reliability trial or speed-testing.
3. Use for the carriage of goods (other than samples) in connection with any trade or business.
4. Use for any purpose in connection with the Motor Trade.

11.10.2019 11:55  
imitations 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.

11.10.2019 11:55  
I 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,  
(Malaysia).

11.10.2019 11:55  
Ref CN: 72121690

COMMERCIAL AGENCY PTE LTD