

NATIONAL Assessment Centre Services

MA1905177

Date In: 28/04/2019 15:18	Job description	Date & Time Completed	Done by
Ref No: NPA/MEGL9007028/4	SAS e-filing		
Veh No: FBSE 14066	E-mail (Vehicle Mtr, AIC Mtr)		
D.O.A: 17/04/2019 20:30	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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars: Vch No: SMG 80467	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: ()

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$9000] ()		

Injury: _____

MA1902977		
Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$50)	
Damaged Portion:	3) TP: Towing Fee \$100	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) FT: Follow-Through Survey (Resurvey) \$30	
	6) TR: Re-Inspection \$75	
	7) NI: Idco DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*NI: Courtesy Car / TP Allowance \$5	
	*NI: Repair Coordination \$80	
	*NI: Post Repair Inspection \$25	
	*NI: DV / Collect Excess Coordination \$5	
	TP (Nil) / TP (Non INC) against INC \$25	
	9) NI: Idco Mobus \$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	22/04/2019 14:29
Date Of Accident	17/04/2019 20:30
Exact Location Of Accident	JALAN TOA PAYOH TOWARDS POTONG PASIR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE1406G
Insured/Policyholder	
Name Of Registered Owner	MOHAMED MUBARAK S/O NAINA MUSAH IBRAHIM
NRIC No	S1252759D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98205026
Alternative Phone No	OTHERS-98205026

Vehicle Particulars

Manufacturer	YAMAHA
Model	SPARK-135CC
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
Fleet Policy	NO
Policy Number	MSD/VMT/18-996383-WTT
Cover Note Number	

Driver

Name of Driver	MOHAMED MUBARAK S/O NAINA MUSAH IBRAHIM
NRIC No	S1252759D
Date Of Birth	26/07/1957
Occupation	OUTDOOR
Date Of Driving Pass	15/09/1976
Driving Experience	42 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	+65-98205026
Fax Number	
Contact Number	OTHERS-98205026
EEmail Address	NOEMAIL

Address	BLK 79 INDUS ROAD #06-457
Postcode	161079
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	SMG8646T
Vehicle Make/Model/Colour	TOYOTA
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

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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.

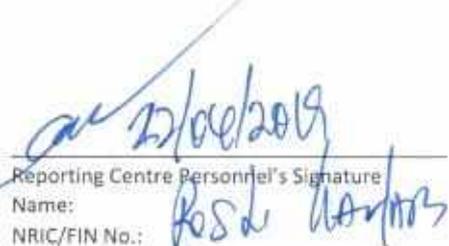


Policyholder's Signature

Date & Time: 18/04/2019

Driver's Signature

(If driver is not the policyholder)
Date & Time:



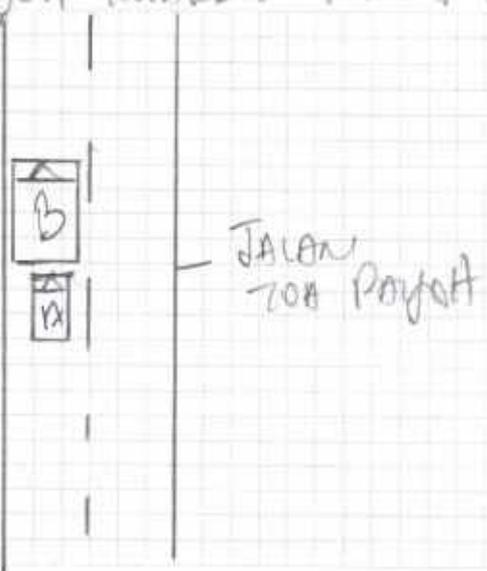
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN JALAN TOA PAYOH TOWARDS POTONG PASIR

- A) FBE 1406GT
- B) SMG 8646T



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As I was at Jalan Toa Payoh toward Potong Pasir suddenly a car SMG 8646T stop and i apply my brake and it spid a bang to the Rear of the Car. I was flung and hurt my shoulder.

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time: 18/04/2019

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

[Signature]
Reporting Centre Personnel's Signature
Name: Resh Mathias
NRIC/FIN No.:

DHOTO / INS. CAR

ACCIDENT STATEMENT

ACCIDENT DATE: 17, 04, 2019 (DD/MM/YYYY), TIME: 20:30 (HH:MM)

LOCATION: Jalan Toa Payoh

1. DETAILS OF VEHICLE FBE 1406 G
 - a) VEHICLE NUMBER: FBE 1406 G
 - b) INSURANCE COMPANY: MLG
 - c) POLICY NUMBER: _____
 - d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 - e) MAKE & MODEL: YAMAHA SPARK 130 CC
 - f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 - g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 - h) PURPOSE OF USING AT ACCIDENT TIME: RENTAL W/K
 - 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: MOHAMED MUBARAK (MALE / FEMALE)
 - b) NRIC/FIN/PASSPORT: S1252759D CONTACT: 98205026
 - c) ADDRESS: Blk 79 Indus Road #06-457
Singapore 161079

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

* No of passenger
(including driver)
(1)

- DRIVER
- a) NAME: AS ABOVE (MALE / FEMALE)
 - b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 - c) ADDRESS: _____

* d) DATE OF BIRTH: (26/07/1957) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 15 Sept 1976

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)
7. a) REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE SMG 8646T MODEL: TOYOTA
 - a) VEHICLE NUMBER: SMG 8646T MODEL: TOYOTA
 - 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 =
VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1252759D



Name
MOHAMED MUBARAK S/O
NAINA MUSAH IBRAHIM

Race
INDIAN

Date of Birth
26-07-1957

Sex
M

Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1252759D

Name
MOHAMED MUBARAK S/O
NAINA MUSAH IBRAHIM

Birth Date 26 Jul 1957

Issue Date 28 Jun 2004




2937807



NRIC No. S1252759D



Blood Group B+ Date of issue 08-01-1997

APT BLK 78 INDOUS ROAD 706-257
SINGAPORE 161078

NRIC No. S1252759D Date 31/01/2010 No. 6524405

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

CLASS	DESCRIPTION	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	15 Sep 1976
Class 2A	Motorcycles between 201 cc and 400 cc	15 Sep 1976
Class 2	Motorcycles exceeding 400 cc	15 Sep 1976
Class 3	Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg	04 Jul 1977

Licence No: S1252759D



NP 426A



W 710759

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
www.msig.com.sg

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. 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/VMT/18-996383-WTT A0633-001/W0845

SUM INSURED : TPL

EXCESS : NIL

S1252759D

FBE1406G

1. Index mark and Registration Number of Vehicle **YAMAHA** 135 c.c.
2. Name of Policyholder **MOHAMED MUBARAK S/O NAINA MUSAH IBRAHIM**
3. Effective date of the Commencement of Insurance **0001AM 12/12/2018**
for the purposes of the Act
4. Date of Expiry of Insurance **11/12/2019**
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. 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.

* 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: 60828450

20/11/2018 (CT)

WTT-CI-04104/141

WTT INSURANCE AGENCIES PTE LTD
Underwriting Agent
For MSIG Insurance (Singapore) Pte. Ltd.



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 5 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 - 17:00
 UEN: S665300200 / GST Reg. No: M400017733

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : 419051M Vehicle Registration No: FBE 1406 G

Name (as shown in NRIC) : Mohammad Muzakkar NRIC/FIN/Passport No : S1252759D

(*Vehicle Driver / Vehicle Owner *) Please delete as appropriate

Address : _____ Singapore ()

Contact (Tel) : _____ Mobile No. : 97205026

Email Address : _____

Date of Accident : 17/04/2019 Time of Accident : 20:30

Place of Accident : Jalan Joo Payoh Towards Ponggol Bus Stop

Insurance Company : MSU

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Insured Vehicle Number 20 FBE 1406 G on Skatch Plan

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Roshan
NRIC/FIN No: _____
Date: 22/04/2019