NATIONAL Assessment Centre	Services. [well sorios]	MMA41905713	5/
Dute In: 02 05 209 14:38	Jeb description	Date &Time Completed	- Done by
Res No: NBA MSG 1900 1825/1	SAS c-filing		
Veh No. 17,6931	E-mail (Ljoks shir, Ale zhr	s) .	
D.O.A: 08/05/2019 07:05	i-Motor Claim Form		
OD TPY Reporting Only	I-Motor W/O (Within OD	2hrs, TP 4hrs)	
Cas (18) Acquiring Carry	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Repo	rl	
Name and Displacement of the Control	Ass't Report by Pax/Ha	nd to Owner/Wksp	THE PERSON NAMED IN THE PE
Proforred Wksp / INC Assign Wksp / QW: (		Lelt	Fex:
TP Philiculars: Veh No. GBE	4/35. IN	C( , )/Non-INC( ).	
Owner / Driver: (		Tel:	
Policy No: ( ) Perio		) Cover Type: (	
Confirmed by : (	Dates,	Times P. 21 70% P. 20	-100%]
		0-20%; P: 21-79%. P: 80	-10070
Year of Registration: ( ) W  Excess: (\$ ' ) Loading: \$1,000	arranty: YES ( )/NO (		
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( ) Walk-In Customer : Customer's Inform	The stictly Confidential	Sidetiv NO rafer of repairs	Γ.
( ) Total Loss Case : to e-mail Insurer	and described and householders and the	No. 1. 3	
Drive-In ( )/Towed-In ( ); Invoice:		; Towing Co: (	• )
The residence in the second se	enterioritemme arvenimentificativi cert		AK WELVEONE BY
CONTRACTOR CHICAGO CONTRACTOR CON	urtosy Car ( )	NAME OF THE PROPERTY OF THE PR	NSGRIA C
Apply for Transport Allowance ( )/Co     QC Check/Post Repair Inspection	( )		,
3) Upload Resurvey Photo [Repair Cost>\$30	007 () :		1 1
*			
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Character and Helping Revenue 18 18 18 18 18 18 18 18 18 18 18 18 18	3) TV 1 To	wing Fee	240/245
Oriver/Owner:	4) PT : Fo	low-Through Survey (Resurvey)	\$120
Contract No:	. Forelal	mine against INC Only (Wat 19 Aug.	\$75
Damäged Portion:	7) N1 1 Id	Jamestion	\$160
	a) NTUC	Additional Services:	
QC Checked by (Engr-In-Charge):	· NS. C	ourlety Cary Tor Attourner	519 LOD 010-01
	CONTRACTOR PROPERTY OF NOTE PO	epair Co-ordination CENEURZO	520 1100 ONG-CT
Adulter Sconfilence Basic	AND THE PROPERTY OF THE PARTY O	V / Collect Excess Consultation 1): TP (Non INC) established d	ESHITC: UIHC
SRI_T:	·9) N12: 1	deo Mobile	30
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# 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 witholding of material facts may allow insurance companies to
- 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

aloresaid.	of the report at the certire and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	03/05/2019 14:35
Date Of Accident	02/05/2019 07:05
Exact Location Of Accident	BUKIT BATOK ROAD MERGING LANE TOWARDS PIE
Country/State of Loss	SINGAPORE SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FT6931Y
Insured/Policyholder	
Name Of Registered Owner	KADIR SUILTANI S/O MOUAMER
NRIC No	KADIR SULTAN S/O MOHAMED HANIFA S7404395Z
Email Address	
Mobile Phone No	ROYDIR_74@YAHOO.COM.SG (LOCAL) +65-97438524
Alternative Phone No	OTHERS-97438524
Vehicle Particulars	THE RESIDENCE OF A STATE OF THE PROPERTY OF TH
Manufacturer	HONDA
Model	CB400-399CC
Exact Purpose for which vehicle was being used at time of accident	
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	
Cover Note Number	72171220
Driver Handle Landson Control of the	
Name of Driver	KADIR SULTAN S/O MOHAMED HANIFA
NRIC No	S7404395Z
Date Of Birth	19/01/1974
Occupation	OUTDOOR
Date Of Driving Pass	15/07/1996
Priving Experience	22 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97438524
ax Number	7 7
contact Number	OTHERS-97438524
Mail Address	ROYDIR_74@YAHOO.COM,SG

ROYDIR\_74@YAHOO.COM.SG

Address

BLK 291E BUKIT BATOK STREET 24

#02-11

Postcode

654291

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?

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?

YES

If Yes, Please state which Police Station

Police Station Name

BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-6659999 - FAX NO: 66655793

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190503/2052

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 Vehicle Make/Model/Colour

**GBE413S** 

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NG PANG HENG

NRIC/Passport Number

S7134469Z

Contact Number

Address

Postcode

Insurance Company Name

# **DETAILS OF INJURED PERSON 1**

Name

KADIR SULTAN S/O MOHAMED HANIFA

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FT6931Y

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

## SKETCH PLAN

## **IMPORTANT NOTICE**

- Please report <u>correctly</u> 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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)
  - 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:
  - 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: 3/5/2019

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

->	ROAD MERCHING LOWER POLITICOS PIE
	$\rightarrow$
1. r. (6) 11/	
A) F1 6931Y B) GBE 413S	-> 70WARDS PIE TUAS-
X) MAKMOLONI	
SCRIBE CIRCUMSTANCES OF	THE ACCIDENT
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A.	120
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7	
ECLARATION	
We declare the foregoing particul	ars are true in every respect.
	Lastochas 9
Bond	OS 105 108 108 1
olicyholder's Signature ate & Time: 3/5/2019	Driver's Signature (If driver is not the policyholder)  Reporting Centre Personnel's Signature Name:
NAMES OF STREET STREET, STREET	Date & Time: NRIC/FIN No.: NRIC/FIN No.:





Police Station Of Origin:

Bukit Batok N.P.C

21 Bukit Batok East Avenue 4 SINGAPORE

659840

Tel No: 1800-6659999

REPORT OF A TRAFFIC ACCIDENT

1 of 3

Report No. T/20190503/2052

Date/Tii 03/05/2	me Report I 019 12:49	Made:	Vide Report No.:	Station Diary No.	
Informa	int's Partic	ulars	A STATE OF THE STA	00	
Name o KADIR : HANIFA ID Type	f Informant: SULTAN S/	O MOHAMED	Address: APT BLK 291E BUKIT BATO SINGAPORE 654291 Contact No.:	712	
Nationality: SINGAPORE CITIZEN			Home/Office: Mobile: 97438524 Email:		
Sex: Male	Age:	Date of Birth: 19/01/1974	Type of Informant:		
Race: Indian Occupation: Police officer			Language: English	Institution / School Name:	
			Driving Licence Information: Class: 2A	Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive:	Date/Time of Accident:	Type of Location Merging lane
PAN ISLAND Merging lane	EXPRESSWAY	load 2	02/05/2019 07:05	g and and
Weather: Clear		Road Surface: Dry	R	oad Speed Limit:
Traffic Flow: One Way	on:	Traffic Control: Not Controlled		affic Volume:
Type of Collisi				

Vehicle No.	Type	Make	Model	101	PROPERTY OF STREET	THE RESERVE OF THE PARTY OF THE
ETCOOALY III		Color	Condition	No of Passenger		
ALTRIC SUSVIEW	Wotorcycle	HONDA	CB400	Red	Slightly	0
GBE413S Lorry			Damaged Slightly			

	ehicle Insurance Insurance Company		<b>经验证的证据</b>	
		Insurance No	Effective	Expiry Date
100011	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72171220	The state of the s	23/04/2020





2 of 3

Report No. T/20190503/2052

Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE 659840

Tel No: 1800-6659999

CONTINUATION OF REPORT

Details of Perso						
Any Pedestrian Ir			T.,			
No. of Pedestrian	s Injured: NIL		Use of Pe	Jse of Pedestrian Crossing: NA		
Rider						PRODUCTION OF THE PARTY OF THE
Name	KADIR SULTAN S/O	MOHAME	D HANIFA	ID No.	6	S7404395Z
Related Vehicle	FT6931Y (Motorcycle)		Conta	ct No.	97438524	
Hospital/Clinic	THE NEPTUNE CLINIC		Class Driving Licent Expiry	g ce &	Class: 2A Date of Expiry: NIL	
Date Treatment	03/05/2019 Date Dis			charge	03/05	5/2019
No. of Days gran	ted Medical Leave	04	Degree o	f Injury	Slight	
Driver	AND ADDRESS OF THE PARTY.	Sales and the				
Name	NG PANG HENG		ID No		S7134469MZ	
Related Vehicle	GBE413S (Lorry)		Conta	ct No.	NIL -	
Hospital/Clinic	NIL		Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Dis	charge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	of Injury	NIL	

#### Brief Details.

On the 02/05/2019 at about 0705hrs, I was riding my motorcycle FT6931Y, along Bukit Batok road. At the junction of Bukit Batok road and Jurong Town Hall, I made a right turn towards PIE. The traffic was heavy and slow. As I entered the lane towards PIE on the filter lane, the car infront of me suddenly stop. I managed to brake in time and stop. Suddenly, I felt 2 strong impact on my rear. I quickly got down my motorcycle and discovered a lorry with plate number GBE 413S had collided onto my rear. The damages to my motorcycle is the storage rear box was broken and my helmet hade slight damage due to the impact with my rear storage box. At that time I did not feel much pain, just from the impact of the rear box to my helmet but after reaching work and calming down, I start to feel pain on my neck and right shoulder.

I went to see the doctors on the next day and was told that I had suffered from whiplash and my right shoulder muscle strain. I was given 4 days MC and some medication.





Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE 659840 3 of 3 Report No. T/20190503/2052

Tel No: 1800-6659999

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: J / Sgt 2 MUHAMMAD NORHAZREEN SHAH BIN HARIZAN	Signature Of Informant:
Signature Of Interpreter: Porce Not applicable	Date/Time: 03/05/2019 12:49
Officer In Charge Of Case: TP / AEIT /	Classification Of Case:
Contact No.:	
Authentication Stamp	

# ACCIDENT STATEMENT

		D/MM/YYYY), TIME:(07 : 05)(HH:MM)
	LOCATION: Along Road I travelin	19 Towards Rand 2 Rt Batch
	1. DETAILS OF VEHICLE	y , Meying lone towards DIE
10	a) VEHICLE NUMBER: FT 6931 }	
	b)INSURANCE COMPANY: MSIG	
	c)POLICY NUMBER: 72/7/22	
	allouicy type: (COMPREHENSIVE /	THIRD PARTY / THIRD PARTY FIRE &THEFT)
	e)MAKE & MODEL: Hondo CI	
	TITPE: (SALOON / COUPE / MPV /V)	AN / LORRY / MOTORCYCLE / OTHERS)
ě	9) VEHICLE CATEGORY: (PRIVATE / C	OMMERCIAL / MOTORCYCLE) .
	THURPOSE OF USING AT ACCIDENT	TIME: OM THE WAY TO LOCK
	I) ARE YOU CLAIMING UNDER YOUR	OWN INSURANCE IVES NO
	IF NO, PLEASE STATE (THIRD PARTY (	CLAIM / REPORTING ONLY
	Z. INSUKED / POLICY HOLDER	
	A)NAME: MADIR SULTAN S/O	MOHAMED HANIFMALE ( FEMALE)
	DINKIC/FIN/PASSPORT: J7404575	12 CONTLOT 974785711
	CIADDRESS: B/291 E BULLIT IS	Potok et 24 Hoz-11
2 0	5'pore 654291	3/ 24 , 402 1
	* CONTINUE TO 3 d IF DRIVER ALSO B	OHON HOLDED
-No of passa	na3 DRIVER	OLIC I HOLDER
in delication	. J aJNAME: AS Above .	40 to an analysis of the second secon
Including du	b)NRIC/FIN/PASSPORT:	(MALE / FEMALE)
(1)	c)ADDRESS:	CONTACT:
	C/ADDRESS.	*
	*dIDATE OF BIPTU: / . 9 / - /	<del>,</del> , , , , , , , , , , , , , , , , , ,
	*d) DATE OF BIRTH: (19 ) 01 ) 197	(DD/MM/YYYY)
	e)OCCUPATION: (INDOOR / OUTDOO	OR)
	DATE OF DRIVING PASS	5 July 1996
	4. WAS DRIVER AN EMPLOYEE OF THE	E INSURED'S COMPANY? (YES ! NO)
	IT NO, RELATIONSHIP OF THE DRIV	/FR WITH INCLIDED. (III)AIU/
	5. a) WEATHER CONDITION: (CLEAR / RA	INING / OTHERS
	DIKUAD SURFACE: (DRY / WET / OTHE	RS
	6. WAS ANYBODY INJURED (YES /NO)	
	7. a) REPORTED TO POLICE (YES / NO)	
	IF YES, PLEASE STATE WHICH POLICE	STATION: Rulet Batck NUPC.
o of passing	8. THIRD PARTY VEHICLE	
o of passena	er a) VEHICLE NUMBER: _ GBF 413	MODEL:
1	(2) b) DRIVER'S NAME: NO Pang	Hens
adulding driv		
reducting drik	c) NRIC/FIN/PASSPORT: \$7/344	692 CONTACT
ndurding driv	c) DRIVER'S NAME: Ng Pang c) NRIC/FIN/PASSPORT: \$7/344 9. THIRD PARTY VEHICLE	692 CONTACT:
ndurding driv	9. THIRD PARTY VEHICLE	
nduding driv () to of passen	d) VEHICLE NUMBER:	MODEL:
nduding driv ()  10 of passan  reducting dri	d) VEHICLE NUMBER:	

email = roydir-74 Dyohoc-com.59











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

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 :

72171220

Excess:\$500(FIRE&THEFT) \$1,000(ENDT 2K)

A0074-001-10227

Date : 15 Apr 2019

Name

KADIR SULTAN S/O MOHAMED HANIFA

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

24 Apr 2019

23 Apr 2020

to midnight on 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.

#### SCHEDIII E

		SCHEDULE	
Registration No.	FT6931Y	Insured Value Prevailing Market Value	
Engine No.	NC42E1003003	C.C. 399	
Chassis No.	JH2NC42918M00009	7	
Year Manufactured	2008 Year of Registration 2009		
Make & Model	HONDA [CB400]		
Rider Type	Policyholder		

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.

For MSIG Insurance (Singapore) Pte. Ltd.

Not valid unless countersigned by Authorized Person

72080230

MSD/VMS/18-381119

(Please read important information on the reverse page.)