

# NATIONAL Assessment Centre Services

Date In: 27/05/2019 17:18	Job description	Date & Time Completed	Done by
Ref No: NA/MSG19009296/K4	SAS e-filing		
Veh No: FBM 6859H	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 26/05/2019 12:50	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: UNKNOWN	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 ( )	

**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

NA1903884		<b>Invoice Preparation Checklist</b>		Amt (\$)	Amt (\$)
Claimant's Particulars :-		1) AR: Accident Reporting (\$30);		1st Bill	Add Bill
Driver/Owner:		2) DA: Damage Assessment (\$100); INC (\$30)			
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)			
Cat. 1:		6) TR: Re-inspection \$75			
Cat. 2/3:		7) N1: Idac DA + SMRT Survey \$160			
		8) NTUC Additional Services:-			
		OP:			
		*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 \$0			
		Invoice dated		Fee Charged	
		Invoice dated			



## 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	27/05/2019 17:18
Date Of Accident	26/05/2019 12:50
Exact Location Of Accident	PIE TWDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM6859H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FUAD BIN IBRAHIM
NRIC No	S9149037D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96793953
Alternative Phone No	OTHERS-96793953

### Vehicle Particulars

Manufacturer	HONDA
Model	CB190X MANUAL
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MSD/VMS/19-393903-CA
Cover Note Number	

### Driver

Name of Driver	FUAD BIN IBRAHIM
NRIC No	S9149037D
Date Of Birth	27/12/1991
Occupation	INDOOR
Date Of Driving Pass	07/10/2010
Driving Experience	8 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96793953
Fax Number	
Contact Number	OTHERS-96793953
Email Address	NOEMAIL

Address	BLK 293 TAMPINES STREET 22 #09-490
Postcode	520293
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	SIDE SWIPE
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

PLS REFER TO THE ATTACHED STATEMENT.

#### 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	UNKNOWN
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)	

#### DETAILS OF INJURED PERSON 1

Name	FUAD BIN IBRAHIM
------	------------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

FBM6859H



## SKETCH PLAN

### IMPORTANT NOTICE

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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:



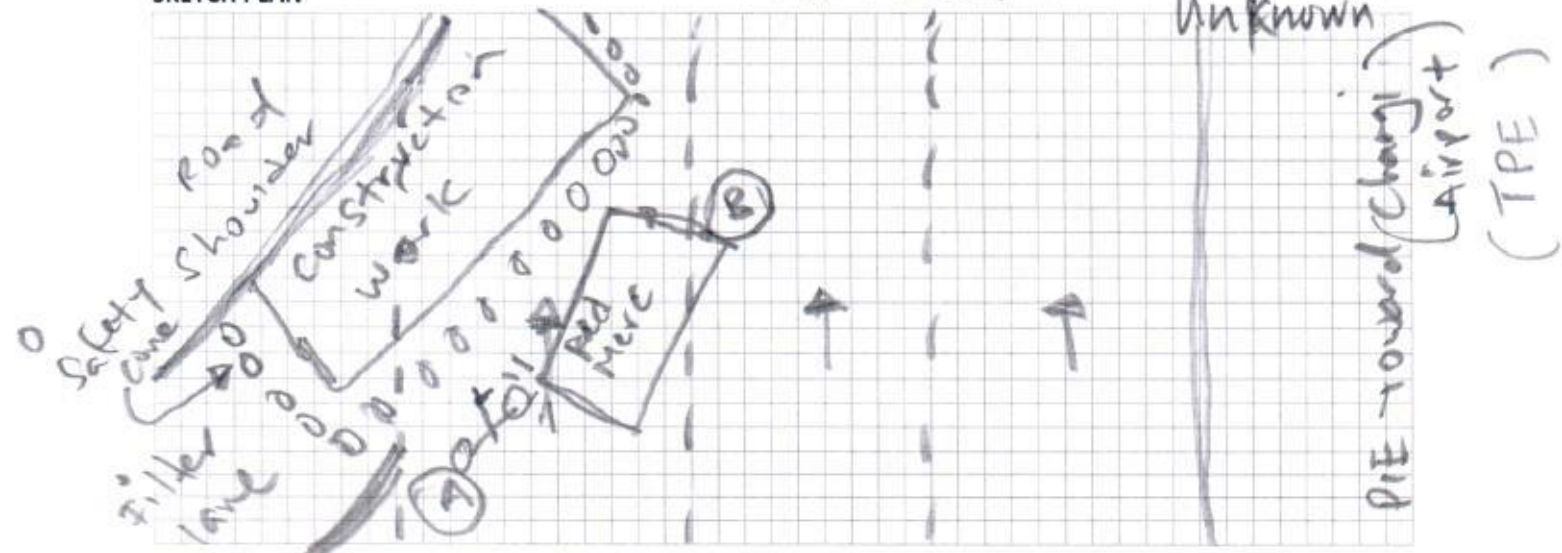
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

 27/5/2019  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN

A = Motor cycle  
FBM 6859H

B = Red Merc  
model B180  
Unknown



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was riding the motorbike A at the filter lane. The red merc B sudden brake has second lane is clear for the vehicle to move off.

I hit the red merc B on the left side of her tail light 1pc and her bumper has a minor scratch.

The red merc B info:

Ng LAY YEN JELINE (HUANG LIYAN)

S7702570G

## DECLARATION

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

*[Signature]*

Policyholder's Signature  
Date & Time:

*[Signature]*

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

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

27/5/2019



Reported on 27/5/2019  
@ 1550HRS

## ACCIDENT STATEMENT

ACCIDENT DATE: 26/5/2019 (DD/MM/YYYY), TIME: 12:50 (HH:MM)

LOCATION: PIE towards Changi Airport

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBM 6859H  
b) INSURANCE COMPANY: \_\_\_\_\_  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
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: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

#### DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 96793953  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

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

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

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: Unknown MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

MSIG: Ashik  
Ack by Li

\* Waiting for Certificate?

Email =

fax =

VIDEO =

Phone → photos  
taking  
from Drivers

→ Ashik from MSIG given statement  
without motorcycle at idac  
to take photos

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9149037D



Name

FUAD BIN IBRAHIM

فؤاد بن إبراهيم

Race

BOYANESE

Date of birth

27-12-1991

Sex

M

Country of birth

SINGAPORE

S9149037D

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S9149037D

Name

FUAD BIN IBRAHIM

Birth Date: 27 Dec 1991

Issue Date: 07 Oct 2010



4561652

NRIC No. S9149037D



Date of issue

01-04-2010

Address

APT BLK 293 TAMPINES STREET 22  
#09-490  
SINGAPORE 520293

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

EFFECTIVE DATE

- C Class 2B Motorcycles  $\leq 200$  CC  
Class 3 Motor cars  $\leq 3500$  kg with  $\leq 7$  passengers, exclusive of the driver; and motor tractors/vehicles  $\leq 2500$  kg  
Class 4 Heavy motor cars and motor tractors  $> 2500$  kg

07 Oct 2010

14 Mar 2013

14 Mar 2013

S9149037D

S / No. 9000178660



NP 426A



**MSIG**

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  
msig.com.sg

## MOTORCYCLE INSURANCE SCHEDULE

DATE OF ISSUE: 17/01/2019

AGENCY: A0074-001-10223  
COMMERCIAL AGENCY PTE LTD

POLICY NO: MSD/VMS/19-393903-CA

**INSURED:**

NAME: FUAD BIN IBRAHIM  
ADDRESS: 293 TAMPINES ST 22  
#09-490  
SE 520293

NRIC NO: S9149037D  
DATE OF BIRTH: 27/12/1991 (27 yrs)  
DRIVING EXP: 07/10/2010 (8 yrs)  
CONTACT NO: 96793953

BUSINESS OR PROFESSION: LOADING ASSISTANT

PERIOD OF INSURANCE FROM: 03/02/2019 12:01AM TO 02/02/2020

REGISTRATION NUMBER: FBM6859H

CUBIC CAPACITY: 184

MAKE OF VEHICLE: HONDA

YEAR OF REGISTRATION: 2018

INSURED ESTIMATE OF VALUE: PMV  
PREVAILING MARKET VALUE

SEATING CAPACITY: 2

**AUTHORISED DRIVERS:**

THE INSURED  
MUHAMMAD HAZWAN BIN KHAMIS ONLY.

NRIC: S8715043G DOB: 12/05/1987 EXP: 14/11/2005 OCCP: LOADING ASST.

ENDORSEMENTS APPLICABLE: 2C 2K 3Q 15 M23 94 97 - INSURED

PREMIUM: 281.20

EXCESS: \$300(FIRE&THEFT) \$600(ENDDT 2K)

GST @ 7% 19.68

TOTAL : 300.88

NAME OF EMPLOYER AND/OR  
HIRE PURCHASE OWNER: A S PHOON PTE LTD

NO CLAIM BONUS OF 20% IS ALLOWED  
GOOD DRIVER DISCOUNT OF 5% IS ALLOWED

REPLACING POLICY NO: MSD/VMS/18-378464-CA

MSIG Insurance (Singapore) Pte. Ltd.

**Sanction Limitation and Exclusion Clause**

No Insurer shall be deemed to provide cover and no Insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that Insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or United Kingdom or United States of America.

Approved Insurers