

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

Date In: 12/06/19	Job description	Date & Time Completed	Done by
Ref No: NA/MSG19010342/13	SAS e-filing		
Veh No: FBES441C	E-mail (w/In 8hrs, A/C 2hrs)		
D.O.A: 07/06/19 1845	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: (MOTO 51)	Tel:	Fax:
TP Particulars:	Veh No: SLDJ331T	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

NA 1904380	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		1st Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
QC Checked by (Engr-In-Charge):	OP:			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
Auditors' Comments :-	TP (N11): TP (N11 INC) against INC \$20			
Cat. 1:	9) N12: Idac Mobile 30			
Cat. 2/3:	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	12/06/2019 10:41
Date Of Accident	07/06/2019 18:45
Exact Location Of Accident	STILL RD TWDS MARINE PARADE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE5441C
Insured/Policyholder	
Name Of Registered Owner	SHEIK AHMAD KABIR S/O SHIEK BACHAMIAN
NRIC No	S8504440J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84980042
Alternative Phone No	OTHERS-84980042

Vehicle Particulars

Manufacturer	YAMAHA
Model	FJR1300
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
Fleet Policy	NO
Policy Number	MSD/VMT/18-990633-WTT
Cover Note Number	

Driver

Name of Driver	MUHAMMAD HAFIZ BIN MOHAMED EKBAL
NRIC No	S9007362A
Date Of Birth	07/03/1990
Occupation	OUTDOOR
Date Of Driving Pass	24/07/2009
Driving Experience	9 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91157830
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 35 BEDOK SOUTH AVE 2 #04-423
Postcode	460035
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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	WET

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	GEYLANG N.P.C
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20191611/2095

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	SLD2331T
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	MUHAMMAD HAFIZ BIN MOHAMED EKBAL
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	
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:

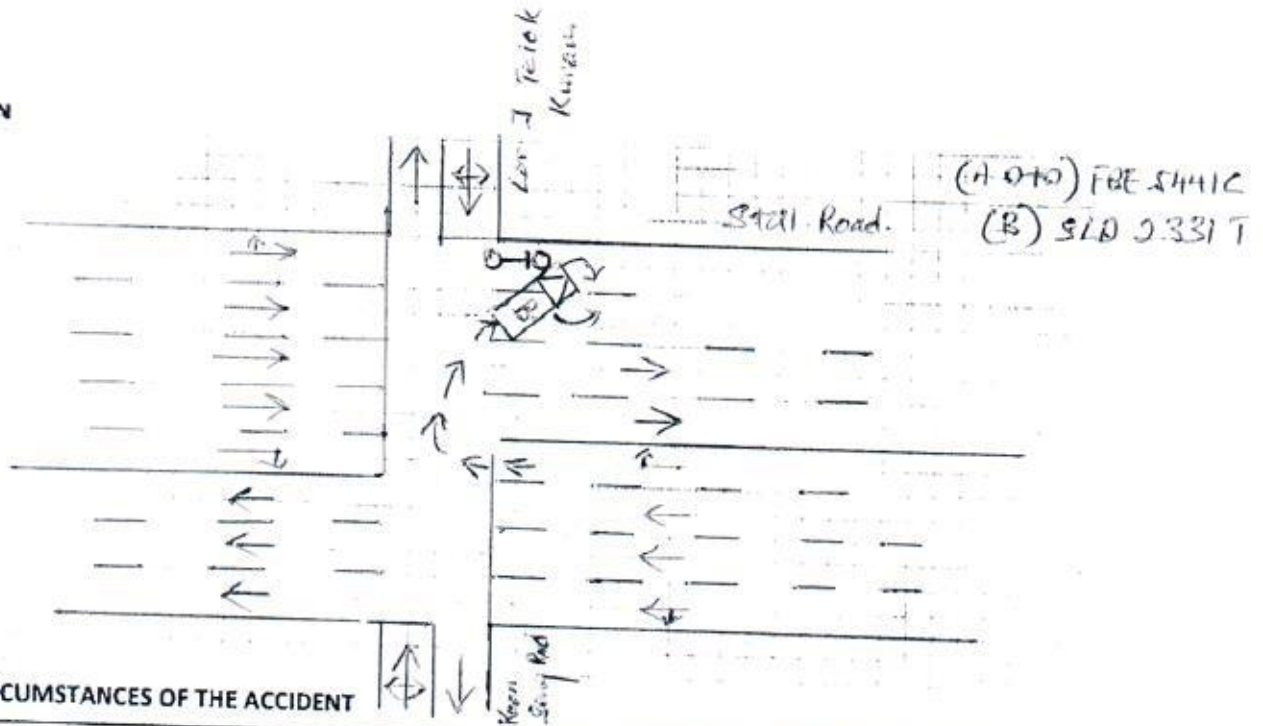
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

Pls refer to Police Report

No: T/20190611/9095

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:



**SINGAPORE
POLICE FORCE**



T/20190611/2095

1 of 3

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

Report No. T/20190611/2095

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/06/2019 15:19		Vide Report No.: T/20190608/7010		Station Diary No.: 106	
Informant's Particulars					
Name of Informant: MUHAMMAD HAFIZ BIN MOHAMED EKBAL			Address: APT BLK 35 BEDOK SOUTH AVENUE 2 #04-423 SINGAPORE 460035		
ID Type / ID No.: NRIC NO / S9007362A			Contact No.: Home/Office: Mobile: 91157830		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 29	Date of Birth: 07/03/1990	Type of Informant: Rider		
Race: Indian			Language:		Institution / School Name:
Occupation: Police officer			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 07/06/2019 18:45	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 STILL ROAD MARINE PARADE ROAD STILL ROAD TWDS MARINE PARADE				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE5441C	Motorcycle				Seriously Damaged	0
SLD2331T	Car				Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190611/2095

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

2 of 3

Report No. T/20190611/2095

CONTINUATION OF REPORT

Rider			
Name	MUHAMMAD HAFIZ BIN MOHAMED EKBAL	ID No.	S9007362A
Related Vehicle	FBE5441C (Motorcycle)	Contact No.	91157830
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	07/06/2019	Date Discharge	09/06/2019
No. of Days granted Medical Leave	14	Degree of Injury	Slight

Brief Details.

On 07/06/2019 at about 6.45pm, I was riding my motorcycle (FBE5441C) along Still Road heading towards Marine Parade Road direction. At that point of time, the road was wet and the weather was clear. I was on the lane 2 of the 3 lane road when approaching a junction of Koon Seng Rd. As the traffic light was green in my favour. I proceeded on and at the same time spotted one vehicle (SLD2331T) from the oncoming traffic abruptly making a U-turn into my course of traffic.

I quickly applied my brakes firmly however the vehicle still continue to cut into my lane. I then sounded my horn and realized that there was not enough stopping distance to avoid collision. As such, I maneuvered my motorcycle to the extreme left lane while still continuing to sound my horn to warn the driver of the said vehicle. However, the vehicle turn circumference was too big and collided into me.

The impact from the collision had caused me to lose balance and fell onto the road. I lost consciousness and then was conveyed via Ambulance to Changi General Hospital. Traffic Police attended to incident vide report G/20190607/0162 (instead of G/20190607/0163 that was reflected wrongly in my initial Electronic Police Report, T/20190608/7010)

I was warded for further medical treatment and was discharged on 09/06/2019. I was given a total of 14 days Medical Leave (Medical Cert No: SUR2019111583) from 10/06/2019 - 23/06/2019.

I suffered the injuries as follows:

1. Contusion of lung, right lung
2. Pneumothorax, small right apical
3. Abrasion, superficial on the right shoulder
4. Abrasion on both upper arms
5. Abrasion on both ankle

I wish to inform that I am unsure of the damages to my motorcycle as it was towed to Traffic Police Vehicle pound after I was conveyed.



**SINGAPORE
POLICE FORCE**



T/20190611/2095

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

3 of 3

Report No. T/20190611/2095

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:

G /

Sgt 3 SYAFIQ RIDHWAN BIN HASSAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI MOHAMMAD ABDILLAH BIN PALIL

Contact No.: 65476246

Signature Of Informant:

Date/Time:

11/06/2019 15:19

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE

Vehicle No.	FBE 5441 C	Model / Make	Yamaha FJR 1300.
Date of Accident	07/06/19.		
Time of Accident	1845 HRS		
Location of Accident	Still Road junction Boon Leng Road.		
Exact purpose use during accident	Private Used.		
Name of Owner	Sheikh Ahmad Kabir s/o Sheikh Bachamian.		
Telephone No.	H/P: 8498 0042.	Home :	Office :
NRIC	S 85044407.		
Address	BLK 429A Yeshun Ave 11 #08-348 (S) 761429.		
Claim type	OD <u>THIRD PARTY</u>	REPORTING ONLY	
Insurance Company	MISIG.		
Type of Coverage	Comprehensive Third Party <u>Third Party / Fire / Theft</u>		
Policy No.	MISD / VMT / 18-990633 - WTT.		
Name of Driver	As Above If No, Muhammad Hafiz Ben Mohamed Ekbal		
NRIC	S 9007362A.	Any Passengers :	N.A.
Date of birth	07/03/1990.		
Occupation	<u>Outdoor</u> / Indoor		
Driving License Pass Date	37/04/2018.		
Gender	<u>Male</u> / Female		
Contact No.	H/P: 9115 7830.	Home :	Office :
Address	BLK 35 Bedok South Ave 2 #04-423 (S) 480035.		
Driver have any own vehicle	<u>No,</u> If yes, Reg No.		
Relationship	Employee, If no, state <u>Friend.</u>		
Weather condition	<u>Clear</u> Raining Other		
Road Surface	Dry <u>Wet</u> Other		
Any Injuries	No, <u>If Yes, Who?</u>		
Name And Contact No.	Muhammad Hafiz Ben Mohamed Ekbal (H/P: 9115 7830)		
Name And Contact No.			
Police Report	No, <u>If Yes, Where?</u> Geylang N.P.C.		
Vehicle B No.	SLD 2331 T.	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 <u>No</u>		
Email Address	muhd.hafiz.ekbal@gmail.com.		
PARTICULAR WORKSHOP	MOTO 51		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Jackro.		
FAX NO	6741 0510		
WORKSHOP Email ADDRESS	Sales@n51.com.sg		

Driver

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S9007362A**
Name: **MUHAMMAD HAFIZ BIN MOHAMED EKBAL**
Birth Date: **07 Mar 1990**
Issue Date: **16 Sep 2015**

002474644K

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S9007362A**

Name: **MUHAMMAD HAFIZ BIN MOHAMED EKBAL**
محمد حافظ بن محمد اكبال
Race: **INDIAN**
Date of birth: **07-03-1990** Sex: **M**
Country of birth: **SINGAPORE**

S9007362A

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

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 CC	16 Sep 2015
Class 2A Motorcycles between 201 CC and 400 CC	05 Jan 2017
Class 2 Motorcycles > 400 CC	27 Apr 2018
Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	24 Jul 2009

S9007362A S / No. 9000308637

Licence No: S9007362A

NR 428A

3686534

NRIC No: S9007362A

Date of issue: 12-03-2005

APT BLK 35 BEDOK SOUTH AVENUE 2 #04-423 SINGAPORE 460035

NRIC No: S9007362A **Date: 16/08/2016**

**MSIG**

W 7 1 4 2 6 5
MSIG Insurance (Singapore) Pte. Ltd. (Co Reg No 200412212G)
 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, 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/18-990633-WTT A0633-001/W0872 S128059**

SUM INSURED : **TPL**

EXCESS : **NIL**

S8504440J

1. Index mark and Registration Number of Vehicle

FBE5441C

YAMAHA

1298 c.c.

2. Name of Policyholder

SHEIK AHMAD KABIR S/O SHIEK BACHAMIAN

3. Effective date of the Commencement of Insurance

for the purposes of the Act

0001AM 23/05/2019

4. Date of Expiry of Insurance

24/09/2019

5. Persons or Classes of Persons entitled to drive

a. The Policyholder.

b. MUHAMMAD HAFIZ BIN MOHAMED EKBAL ONLY

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).

WTT INSURANCE AGENCIES PTE LTD
 (Underwriting Agent)