

NATIONAL Assessment Centre Services

Date In: 19/06/2019 13:38	Job description	Date & Time Completed	Done by
Ref No: NA/MSG19010844/K4	SAS e-filing		
Veh No: FBE7292C	E-mail (within 8hrs, AD 2hrs)		
D.O.A: 27/05/2019 12:10	i-Motor Claim Form		
OD: 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:	Veh No: SLV1136C	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

NA1904542	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) NI : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
QC Checked by (Engr-In-Charge):	Q1:			
	*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 (Non INC) against INC \$20			
Cat 1:	9) N12: Idac Mobile 30			
Cat 2 / 3:	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	19/06/2019 13:38
Date Of Accident	27/05/2019 12:10
Exact Location Of Accident	MARINA BOULEVARD TWDS STRAITS VIEW
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE7292C
Insured/Policyholder	
Name Of Registered Owner	ABDUL GAFFORE MOHAMED JAMEEL
NRIC No	S7568231Z
Email Address	AHAMEDRASHIM.03@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93439039
Alternative Phone No	OTHERS-93439039

Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ150I
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/19-998534-WTT
Cover Note Number	

Driver

Name of Driver	ABDUL GAFFORE MOHAMED JAMEEL
NRIC No	S7568231Z
Date Of Birth	03/09/1975
Occupation	OUTDOOR
Date Of Driving Pass	18/08/2009
Driving Experience	9 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93439039
Fax Number	
Contact Number	OTHERS-93439039
EMail Address	AHAMEDRASHIM.03@GMAIL.COM

Address	BLK 30 KELANTAN ROAD #15-95
Postcode	200030
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	SLV1136C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SAM UTTAMA
NRIC/Passport Number	
Contact Number	98890509
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	ABDUL GAFFORE MOHAMED JAMEEL
------	------------------------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

FBE7292C

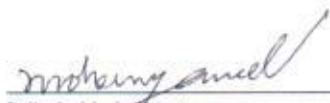
SKETCH PLAN

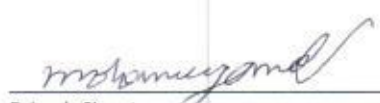
IMPORTANT NOTICE


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5. **Any false reporting may be referred to the Police for investigation.**
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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:

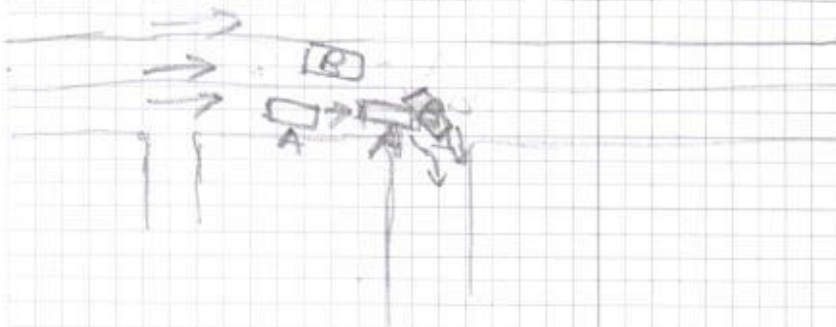

Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

19/6/2019

SKETCH PLAN

Marina Boulevard Toward Straits View.



A - FBE7292C
B - SLV1136C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was turning to straits view. Then the guy in the second-last lane was going straight. Then when I was turning, the guy also turned his car towards straits view quickly and out of a sudden with no prior indicator and without viewing his side mirror. Upon his turning, he came and bang into my vehicle. on the left hand side and my vehicle was damaged and I also got injured.

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.:



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
www.msig.com.sg

Your Ref : FBE7292C
Our Ref : MSC/V/19-000611 (Please quote our reference when replying)

03 Jun 2019

URGENT

ABDUL GAFFORE MOHAMED JAMEEL
BLK 30 KELANTAN ROAD
#15-95
SINGAPORE 200030

Dear Sir/Madam

Accident involving FBE7292C and SLV1136C along MARINA BOULEVARD TOWARDS STRAITS VIEW
Policy No : MSD/VMS/19-998534-WTT
Date of Accident : 27 May 2019

We have received a property damage claim from workshop acting on behalf of the owner of SLV1136C. However, we have yet to receive your report on the accident.

Under the Motor Claims Framework, motorists are required to report any traffic accident involving their insured vehicles to their insurers within 24 hours of the accident or by the next working day. Any non-reporting may affect the motorist's No Claim Discount and their rights to seek indemnity under their policy.

We urge you to make a report immediately at any of our authorized workshops or IDAC centres. The list is enclosed for your reference. Please bring your vehicle and the following documents with you:

1. Driving license
2. Identity card
3. Police report, if any

If you have already filed an accident report, please accept our thanks and ignore this reminder.

Thank you.

Yours sincerely


Irene Tan Gek Ing
Senior Executive
Claims Services (Motor)

Tel : 6594 2541
Fax : +65 6827 7800
Email : irene_tan@sg.msig-asia.com

cc: W.T.T.

A Member of MS & AD INSURANCE GROUP

call on
NO response
17/6/19 @ 1245425

*

Reported on 10/6/2019
@ 1520HRS

ACCIDENT STATEMENT

ACCIDENT DATE: (27/5/2019) (DD/MM/YYYY), TIME: (12:10) (HH:MM)

LOCATION: MARINA BOULEVARD Towards Straits View.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBET292C
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: 93439039
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: SLV1136C MODEL:
b) DRIVER'S NAME: SAM UTTAMA
c) NRIC/FIN/PASSPORT: 88026093 CONTACT: 98890509

9. THIRD PARTY VEHICLE

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

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

85091197

email = ahamedrashim.03@gmail.com

fax = ahamedrashim.03@gmail.com ✓

VIDEO =

MSIG
Waiting for Certificate? ←

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7568231Z



Name
ABDUL GAFFORE MOHAMED
JAMEEL
அ முஹம்மது ஜமீல்

Race
INDIAN

Date of birth 03-09-1975 Sex M

Country of birth
INDIA




REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S7568231Z

ABDUL GAFFORE MOHAMED
JAMEEL

Birth Date: 03 Sep 1975
Issue Date: 10 May 2019



8895673



NRIC No: S7568231Z



Nationality
INDIAN

Date of issue
07-01-2009

Address
APT BLK 30 KELANTAN ROAD
#15-95
SINGAPORE 200030

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

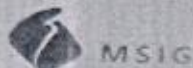
EFFECTIVE DATE

Class 2B	Motorcycles =< 200 cc	18 Aug 2009
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	18 Aug 2009

NP 428A

Licence No: S7568231Z





W713278
MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 2008122125)
4 Shenton Way # 21-01, S.O.X Centre2, Singapore 068807
Tel: +65 6827 7888, Fax: +65 6827 7900
msig.com.sg

CERTIFICATE OF INSURANCE

Road Transport Act, 1987 (Malaysia)
The Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 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/VMS/19-998534-WTT A0633-001/W0803

SUMMARY OF : PMV

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

S75682312

1. Index mark and Registration Number of Vehicle

FBE7292C

YAMAHA

150 C.C.

2. Policyholder: ABDUL GAFFORE MOHAMED JAMEEL

3. Effective date of the Commencement of Insurance

for the purposes of the Act

1540PM 16/02/2019

4. Date of Expiry of Insurance

15/02/2020

5. Persons or Classes of Persons entitled to drive

a. The Policyholder.

b. ABDUL JABBAR JAMAL MOHAMED 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 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).

15/02/2019 (L)

WTT INSURANCE AGENCIES PTE LTD

Underwriting Agent

For MSIG Insurance (Singapore) Pte. Ltd.