

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 15/07/19	Job description	Date & Time Completed	Done by
Ref No: NA/MSG19012454/13	SAS e-filing		
Veh No: SKG457Z	E-mail (within 5hrs, AIC 2hrs)		
DOA: 13/07/19 2135	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: XEJ396J	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

NA1905363	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
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		
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:-		
	OD*		
	*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 30		
	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 willful 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	15/07/2019 14:43
Date Of Accident	13/07/2019 21:35
Exact Location Of Accident	MANDAI ROAD L/P 125
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG457Z
Insured/Policyholder	
Name Of Registered Owner	MOHAMED RAFIE BIN MOHAMED SANI
NRIC No	S8608154G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91090600
Alternative Phone No	OTHERS-91090600

Vehicle Particulars

Manufacturer	HONDA
Model	ODYSSEY
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 80455188 QMX
Cover Note Number	

Driver

Name of Driver	MOHAMED RAFIE BIN MOHAMED SANI
NRIC No	S8608154G
Date Of Birth	26/03/1986
Occupation	INDOOR
Date Of Driving Pass	29/01/2009
Driving Experience	10 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91090600
Fax Number	
Contact Number	OTHERS-91090600
EMail Address	NOEMAIL

Address	BLK 925 JURONG WEST STREET 92 #04-95
Postcode	640925
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 - CHANGE/CROSS LANE
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)	4
Passenger 1	NAME: : SON GENDER: : MALE
Passenger 2	NAME: : SON GENDER: : MALE
Passenger 3	NAME: : DAUGHTER GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	NANYANG N.P.C
Police Station Address	ROAD: 2 JURONG WEST AVE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POICE REPORT:T/20190714/2089

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE2396J
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

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 MOHAMED RAFIE BIN MOHAMED SANI
Approximate Age
Injuries Sustain SERIOUS
Injured person in which vehicle? SKG457Z
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name MOHD QAIS AUSHAF BIN MOHD RAFIE
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SKG457Z
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name ANIQ BIN MOHD REDZUAN
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SKG457Z
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 4

Name QALESYA ADELIA BINTE MOHD RAFIE
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SKG457Z
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
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:

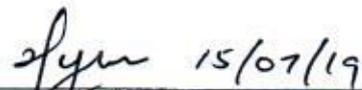
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



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



Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

CONTINUATION OF REPORT

Passenger			
Name	Mohd Qais Aushaf Bin Mohd, Rafie	ID No.	T1538831A
Related Vehicle	SKG457Z (Car)	Contact No.	NIL
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	14/07/2019	Date Discharge	14/07/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	Aniq Bin Mohd Redzuan	ID No.	T1515376F
Related Vehicle	SKG457Z (Car)	Contact No.	NIL
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	14/07/2019	Date Discharge	14/07/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Mohamed Rafie Bin Mohamed Sani	ID No.	S8608154G
Related Vehicle	SKG457Z (Car)	Contact No.	91090600
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	14/07/2019	Date Discharge	14/07/2019
No. of Days granted Medical Leave	05	Degree of Injury	Serious
Passenger			
Name	Qalesya Adelia Binte Mohd, Rafie	ID No.	T1324471A
Related Vehicle	SKG457Z (Car)	Contact No.	NIL
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	14/07/2019	Date Discharge	14/07/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight



Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

CONTINUATION OF REPORT

Driver			
Name	Narayanadoss Ramesh	ID No.	G8209071T
Related Vehicle	XE2396J (Tipper Truck)	Contact No.	86718968
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 13/07/2019 at about 2135hrs, I was driving my vehicle, a Grey coloured Honda Odyssey bearing registration number "SKG457Z " along Mandai Road lamp post number 125 when a white Mitsubishi Fuso tipper truck bearing registration number "XE2396J" collided into the rear right side of my vehicle and this caused me to swerve and my front left bumper of my vehicle hit the kerb however I was able to regain control of my vehicle. He then stopped about 200m away after other motorists honked him repeatedly. I was given 5 days outpatient medical leave whereas all 3 of my passengers(my children) were given 3 days outpatient medical leave. All were discharged on the same day. The tipper truck driver did not sustain any injuries to my knowledge. I also wish to state that traffic police attended to my scene and no government property were damaged. All vehicles involved were Singapore registered vehicles. Lastly, I wish to state that my vehicle has in-vehicle video recording system(Front & Back) and I am able to provide a copy of the video footages.

The damage to my vehicle is as follows:

- Rear right of my brake lights broke
- Right rear body of vehicle dented
- Front left lower bumper scratched

For the other tipper truck, the only damage is some scratches to his front left bumper. That is all.



**SINGAPORE
POLICE FORCE**



T/20190714/2089

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

4 of 4

Report No. T/20190714/2089

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 3 YAP QI LONG, BENJAMIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

14/07/2019 21:12

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN

Contact No.: 65476185

Classification Of Case:

Authentication Stamp

NP168



Signature :

SN 127

Singapore Police Force

Vehicle No.	SKG 457 Z	Model / Make	HONDA ODYSSEY
Date of Accident	13/07/19		
Time of Accident	2135	HRS	
Location of Accident	MAHOMI ROAD CAMP POST 125		
Exact purpose use during accident	PRIVATE USE		
Name of Owner	MUHAMMAD RAFIQ BIN MUHAMMAD SANI		
Telephone No.	H/P: 91090600	Home:	Office:
NRIC	S8608154 G		
Address	BLK 925 JURONG WEST ST 92 # 04-95 S(640925)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	MSL		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	A 80455188 QMX		
Name of Driver	As Above If No,		
NRIC		Any Passengers:	3 (2 MALE, 1 FEMALE) 2 SON, 1 DAUGHTER.
Date of birth	26/03/1986		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	29 JAN 2009		
Gender	Male / Female		
Contact No.	H/P:	Home:	Office:
Address			
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state OWNER	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.	MUHAMMAD RAFIQ BIN MUHAMMAD SANI, 91090600		
Name And Contact No.	MUHAMMAD JALIL AUSHAF BIN MUHAMMAD, ANIL BIN MUHAMMAD RIZWAN, QALESYA ADELIA RINTE MUHAMMAD		
Police Report	No,	If Yes, Where? NANYANG NPC RINTE MUHAMMAD	
Vehicle B No.	XE 2396 J	Any Passengers:	
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		Witness Contact:	
Accident Portion	RIGHT SIDE OF VEHICLE		
Camera Recorder	Yes / No	FRONT / REAR	
Email Address			
PARTICULAR WORKSHOP	N-SI AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP ADDRESS	S(640925)		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8608154G



Name

MOHAMED RAFIE BIN MOHAMED
SANI

محمد رافي بن محمد ساني

Race
INDIAN

Date of birth Sex
26-03-1986 M

Country/Place of birth
SINGAPORE

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8608154G

Name:

MOHAMED RAFIE BIN
MOHAMED SANI

Birth Date: 26 Mar 1986

Issue Date: 24 Jul 2006

For LKK/NAC Use Only



001433948K

5608328



NRIC No. S8608154G



For LKK/NAC Use Only

Date of issue
04-06-2016

Address
APT BLK 925 JURONG WEST STREET 92
#04-95
SINGAPORE 640925

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

	PASS DATE
Class 2B Motorcycles <= 200 CC	24 Jul 2006
Class 2A Motorcycles between 201 CC and 400 CC	04 Jan 2008
Class 2 Motorcycles > 400 CC	24 Feb 2009
Class 1 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	29 Jan 2009
Class 4 Heavy motor cars and motor tractors > 2500 kg	05 Apr 2011

For LKK/NAC Use Only

S8608154G

S / No. 9000146069



Licence No. S8608154G



MSIG Insurance (Singapore) Pte. Ltd.
 4 Shenton Way #21-01 SGX Centre 2 Singapore 068807
 Tel: (65) 6827 7888 Fax: (65) 6827 7800
 Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

Certificate of Insurance

ORIGINAL

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 RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.X.1 Individual Ownership	MOTOR MAX Comprehensive
Certificate No. A 80455188 QMX	
	Excess : SGD600 Windscreen Excess : SGD100
1. Index Mark and Registration Number of Vehicle	SKG457Z
2. Name of Policyholder	MOHAMED RAFIE BIN MOHAMED SANI
3. Effective Date of the Commencement of Insurance for the purposes of the Act	21/03/2019
4. Date of Expiry of Insurance	20/03/2020
5. Persons or Classes of Persons entitled to drive*	MOHAMED RAFIE BIN MOHAMED SANI Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.
	* Provided that the person driving is permitted in accordance with the licensing or other laws or 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.
6. Limitations as to use*	Use only for social domestic and pleasure purposes and for the Policyholder's business. The Policy does not cover use for hire or reward racing pace-making reliability trial speed-testing the carriage of goods other than samples in connection with any trade or business or 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.
PLEASE NOTE ALL CLAIMS RELATED REPAIR MUST BE CARRIED OUT AT ANY MSIG AUTHORISED WORKSHOP LISTED IN THE ATTACHED.	
This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the Insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).	

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 Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.



Tel : 6344 4479
 Fax : 6344 4055

Signature / Date

Counter-Signatory:

Riki Marketing Pte. Ltd.

MSIG Insurance (Singapore) Pte. Ltd.
 Approved Insurers

Amy Ler
 Senior Vice President, Agencies

This certificate is not valid unless it is signed for & on behalf of the Company and Counter-Signed by a duly authorised representative of the Counter-Signatory.