

NATIONAL Assessment Centre Services.

[Part 1 of 2]

MNA 119094550

Date In: 19/7/19 13:47	Job description	Date & Time Completed	Done by
Ref No: MA1MSG190128031h4	SAS e-filing		
Veh Plac: FBP 7755 B	E-mail (within 2hrs, AIC 2hrs)		
UIC: 18/7/19 21:50	I-Motor Claim Form		
AD: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurance:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / BMC Assign Wksp / CW: (Tel:	Fax:
TP Particulars:	Veh No: SLW 4096J	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%, R: 80-100%]	
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repair.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$9000] ()

Injury: ()

Date: ()

Time: ()

Location: ()

Weather: ()

Other: ()

Driver/Owner:	1) All Accident Reporting (\$30)	2000
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$50)
Damaged Portion:	3) TP: Towing Fee	\$40/\$45
QC Checked by (Sign-In-Charge):	4) TP: Follow-Through Survey	\$120
Additional Comments:	5) TP: Follow-Through Survey (Resurvey)	\$30
Adm. L:	6) TR: Re-inspection	\$75
	7) NT: IDAO DA + SMRT Survey	\$160
	8) NTUC Additional Services	
	9) NT: Courtesy Car / Tpt Allowance	\$35
	10) NT: Repair Coordination	\$10
	11) NT: Post Repair Inspection	\$25
	12) NT: DV / Collect Excess Coordination	\$35
	13) TP (NT): TP (Non-INC) against INC	\$20
	14) NT: IDAO 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 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	19/07/2019 13:47
Date Of Accident	18/07/2019 21:50
Exact Location Of Accident	BLK 6 GHIM MOH RD LOADING UNLOADING BAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP7755B
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD FAIZAL BIN JAMSURI
NRIC No	S8001093A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90297991
Alternative Phone No	OFFICE-90297991

Vehicle Particulars

Manufacturer	YAMAHA
Model	X MAX
Exact Purpose for which vehicle was being used at time of accident	PARKED
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/19-401409-CA
Cover Note Number	-

Driver

Name of Driver	MUHAMMAD FAIZAL BIN JAMSURI
NRIC No	S8001093A
Date Of Birth	10/01/1980
Occupation	INDOOR
Date Of Driving Pass	02/04/2002
Driving Experience	17 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90297991
Fax Number	
Contact Number	OFFICE-90297991
EEmail Address	NOEMAIL

Address	BLK 261 JURONG EAST ST 24 #06-461
Postcode	600261
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	NO
Was any injured conveyed to hospital by ambulance?	
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)	0

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

I PARKED MY BIKE BELOW THE BLK 6 GHIM MOH RD, EVERYTHING WAS INTACT, WHEN I WENT BACK TO MY BIKE, I SAW SOMEONE WAS PICKING UP MY BIKE, THEN I ASK HIM, HE SAY WHEN HE REVERSED, HIS VEH REAR PORTION HIT ONTO MY BIKE FRONT PORTION, CAUSING MY BIKE FALL DOWN.

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	SLW4096J
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)	


SKETCH PLAN

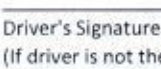
IMPORTANT NOTICE


1. Please report **correctly** the details of the accident to speed up the claims process.
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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

Reversed.

A = FBP7755B
B = SLW4096J

BIK 6

BIK 6 Ghim Moh Rd

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

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.:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8001093A**

Name: **MUHAMMAD FAIZAL BIN JAMSURI**

Birth Date: **10 Jan 1980**

Issue Date: **05 Mar 2003**

Barcode: 000251950G

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8001093A**

Name: **MUHAMMAD FAIZAL BIN JAMSURI**

محمد فيزل بن جمسوري

Race: **BOYANESE**

Date of birth: **10-01-1980**

Sex: **M**

Country of birth: **SINGAPORE**

4511353

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS:

Class	Description	Valid Until
Class 2B	Motorcycles not exceeding 200 cc	20 Sep 2000
Class 2A	Motorcycles between 201 cc and 400 cc	02 Apr 2002
Class 2	Motorcycles exceeding 400 cc	17 Jun 2003
Class 3	Motor cars and Motor Tractors the weight unladen does not exceed 2500 kg	05 Mar 2003

S8001093A

S / No: 9000008618

NP 4284

For LKK/NAC Use Only

Barcode: 4511353

NRIC No. **S8001093A**

Date of issue: **18-01-2010**

APT 6LK 261 JURONG EAST STREET 24 #06-461
SINGAPORE 600261

NRIC No: **S8001093A**

Date: **29/09/2017**



CA 527466
MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 2004122100)
 4 Shenton Way, # 21-01, SGX Centre 2, 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 (Malaysia) (Republic of Singapore)
 Or any Amendment, Act or Act passed in substitution thereof.

CERTIFICATE NO : WSD/VMS/19-401409-CA A0074-001/10100

SUM INSURED : PNW
 EXCESS : \$500(FIRE&THEFT) \$1000(ENDT 2K)

1. Index mark and Registration Number of Vehicle **FBP7755B**
YAMAHA 292 c.c.
2. Name of Policyholder **MURAWAD FAIZAL BIN JAMSURI**
3. Effective date of the Commencement of Insurance
 for the purposes of the Act **0951AM 11/07/2019**
4. Date of Expiry of Insurance **10/07/2020**
5. Persons or Classes of Persons entitled to drive
 a. The Policyholder.

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 trials 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).

11/07/2019 (CG)
 CACI-03 (05/13)

COMMERCIAL AGENCY PTE. LTD.
 Underwriting Agent
 For **MSIG Insurance (Singapore) Pte. Ltd.**