

# NATIONAL Assessment Centre Services

Form 1 Jan 09

MANA 490550

Date In: 24/07/2009 16:36	Job description	Date & Time Completed	Done by
Ref No: XBA/MS/190/3068/1	SAS e-ling		
Veh No: FRP 6522	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 24/07/2009 09:10	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: SDD 45907	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: (\$	Landing: \$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	Action

MANA 905550	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$80)	
Contact No:	3) TP: 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	
Assessors' Comments:	For claimant against INC Only (wef 10 Jan 2009)		
Cal. 1:	6) TR: Re-inspection	\$75	
Cal. 2/3:	7) NI: Idem DA + SMRT Survey	\$160	
	8) NTUC Additional Services:		
	9) NI: Idem Mobile	\$0	
	10) NI: Courtesy Car / Tpl Allowance	\$5	
	11) NI: Repair Co-ordination	\$10	
	12) NI: Post Repair Inspection	\$25	
	13) NI: DV / Collect Excess Coordination	\$5	
	14) NI: TP (N-in INC) against INC	\$20	
	15) NI: Idem Mobile	\$0	
	Invoice dated	Pen Charged	
	Invoice dated	Fee Charged	

93:91 8102-444-70



## 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	24/07/2019 16:36
Date Of Accident	24/07/2019 09:10
Exact Location Of Accident	PIE TOWARDS WHITLEY EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP6822Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MAS ILMIA BINTE MAZLAND
NRIC No	S9643987C
Email Address	MIBTEM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91897201
Alternative Phone No	OTHERS-91897201

### Vehicle Particulars

Manufacturer	YAMAHA
Model	YZF-R15-150CC (M)
Exact Purpose for which vehicle was being used at time of accident	RIDING TO WORK
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSD/VMS/9-400221-CA
Cover Note Number	

### Driver

Name of Driver	MAS ILMIA BINTE MAZLAND
NRIC No	S9643987C
Date Of Birth	28/11/1996
Occupation	INDOOR
Date Of Driving Pass	16/04/2019
Driving Experience	0 YEAR AND 3 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-91897201
Fax Number	
Contact Number	OTHERS-91897201
Email Address	MIBTEM@GMAIL.COM

Address	BLK 322 WOODLANDS STREET 32 #04-177
Postcode	730322
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 - HEAD TO REAR
Weather Conditions	RAINING
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?	NO
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

PLEASE REFER TO SKETCH PLAN

#### 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	SDD4590T
Vehicle Make/Model/Colour	TOYOTA COROLLA ALTIS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE PHUAY LING
NRIC/Passport Number	
Contact Number	97860682
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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: 24/7/19

14:43

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

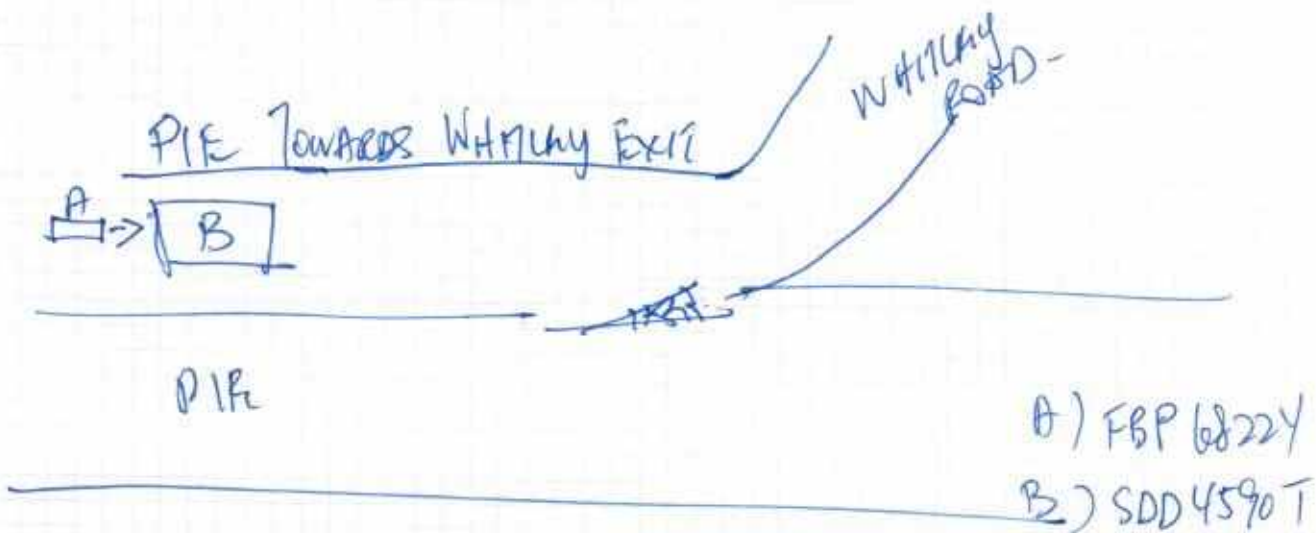
NRIC/FIN No.:

24/07/2019

Reel [Signature]



### SKETCH PLAN



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Was riding on PIE towards Changi and was exiting at Whitley. There was heavy traffic and heavy rain, so I was riding behind the Toyota Corolla SDD4590T. The car in front of Mrs. Lee jam braked and I did not have enough time to react, hitting her directly at the back before falling.

## DECLARATION

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

Policyholder's Signature

Date & Time: 24/7/19  
14:43

Driver's Signature

(If driver is not the policyholder)

Date &amp; Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

## ACCIDENT STATEMENT

ACCIDENT DATE: 24/07/2019 (DD/MM/YYYY), TIME: 09:14 (HH:MM)

LOCATION: P1E towards Whitley exit

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBP6822Y  
b) INSURANCE COMPANY: MSIL  
c) POLICY NUMBER: MSD/VMS/19-400271-CA  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: YAMAHA P15 V2  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: riding to work  
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: MRS LILIA BTE MAZLAN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 59643957C CONTACT: 91897201  
c) ADDRESS: BLK 322, WOODLANDS ST 32, #04-177, S(730322)

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

### DRIVER

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

\* d) DATE OF BIRTH: 28/11/1996 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 16/4/2019

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

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)

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

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

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SDD4590T MODEL: TOYOTA COROLLA  
b) DRIVER'S NAME: LEE PHUAY LING  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 97860682

### 9. THIRD PARTY VEHICLE

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

Email = mibtem@gmail.com

VIDEO

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9643987C



Name

MAS ILMIA BINTE MAZLAND

**For LKK/NAC Use Only**

Race

MALAY

Date of birth

28-11-1996

Sex

F

Country of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S9643987C



MAS ILMIA BINTE MAZLAND

**For LKK/NAC Use Only**

Exp. Date: 28 Nov 1996

Issue Date: 16 Apr 2019



4703982

NRIC No. S9643987C



**For LKK/NAC Use Only**

Date of issue

31-03-2011

Address

APT BLK 322 WOODLANDS STREET 32  
#04-177  
SINGAPORE 730322

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

EFFECTIVE DATE

Class 2B Motorcycles <= 200 cc

16 Apr 2019

**For LKK/NAC Use Only**



NP 428A





MSIG

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

CA 526126

**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 : WSD VMS 18-400227-04 400227-00 1122

SUM INSURED : RM

EXCESS : \$300 FIRE & THEFT \$600 BNDT IN

1. Index mark and Registration Number of Vehicle FBP48024

2. Name of Policyholder YAMAH  
WAS ELMI4 BINTE MAJL AND

3. Effective date of the Commencement of Insurance  
for the purposes of the Act

4. Date of Expiry of Insurance 12/11/2019 00:00:00  
08/07/2020

5. Persons or Classes of Persons entitled to drive

a. The Policyholder

b. MUHAMMAD SYAFIE BIN REDUAN 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. for hire or reward.
2. Use for racing, speed-making, 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).

Rep'd On: 13/01/20  
10/05/2019 14:27  
CA/C1-03 (05/13)

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