

NATIONAL Assessment Centre Services.

[ver 1 Jan'05]

NA1908/198

Date In: 31/10/2019 16:13	Job description	Date & Time Completed	Done by
Ref No: NA1908/198/92804	SAS e-filing		
Veh No: PBH 5030P	E-mail (to John Blue, AIC 2hrs)		
D.O.A: 25/10/2019 08:45	I-Motor Claims 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/Wks2		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLR 67937	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%. P: 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 repolar.

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

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

Remarks:

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

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time	Action

NA1908/198	1) All: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (over 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: 1 day DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpl Allowance \$3	
	*N6: Repair Coordination \$10	
	*N7: Post Repair Inspection \$23	
	*N8: DV / Collect Excess Coordination \$3	
	TP (NI): TP (Non-INC) against INC \$20	
	9) NI: 1 day 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	31/10/2019 16:13
Date Of Accident	25/10/2019 08:45
Exact Location Of Accident	ALONG MARINA BOULEVARD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH5030P
Insured/Policyholder	
Name Of Registered Owner	AHMAD TARMIZI BIN ISHAK
NRIC No	S8422906G
Email Address	ZEEAISHAH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92394064
Alternative Phone No	OTHERS-92394064

Vehicle Particulars

Manufacturer	GILERA
Model	RUNNER ST200-198CC
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	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	
Cover Note Number	72093100

Driver

Name of Driver	AHMAD TARMIZI BIN ISHAK
NRIC No	S8422906G
Date Of Birth	04/08/1984
Occupation	INDOOR
Date Of Driving Pass	02/06/2003
Driving Experience	16 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92394064
Fax Number	
Contact Number	OTHERS-92394064
Email Address	ZEEAISHAH@GMAIL.COM

Address	BLK 489A CHOA CHU KANG AVENUE #10-209
Postcode	682489
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	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?	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	SLR6793T
Vehicle Make/Model/Colour	TOYOTA PRIUS
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

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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.: 

MARINA BOULEVARD

RAFFLES QUAY

MARINA VIEW LINK

A B

ONE RAFFLES QUAY THE SAIL

On 25/10/2019, at about 0845 Hrs, I was riding past Raffles Quay junction along Marina Boulevard and was looking at the building none as I was lost. Suddenly, a car ~~etc~~ brake due to ~~to~~ the car in front and I noticed too late. ~~to~~ I did not have much reaction time to brake ~~to~~ and I hit his left rear bumper and his left foot light.

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

Reporting Centre Personnel's Signature
Name: Roshan Kumar
NRIC/FIN No.: 9201 1234 5678

ACCIDENT STATEMENT

ACCIDENT DATE: (25 / 10 / 2019) (DD/MM/YYYY), TIME: (08 : 45) (HH:MM)

LOCATION: MARINA BOULEVARD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBH 9030 P
b) INSURANCE COMPANY: MSIG
c) POLICY NUMBER: 72093100
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: GILERA ST 200
f) TYPE: (SALEON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL
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: AHMAD TARIQ BIN ISHAK (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S 8429066 CONTACT: 92394064
c) ADDRESS: BLK 489 B CHOA CHU KANG AVE 5 #10-709
S 665489

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As above (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: As above CONTACT: As above
c) ADDRESS: As above

* d) DATE OF BIRTH: (04 / 05 / 1984) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 02/06/2003

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: SLR 6793 T MODEL: TOYOTA PRIUS
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT: 91691551

9. THIRD PARTY VEHICLE

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

email = zeeadshah@gmail.com

VIDEO

**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

For any enquiries, please call the Underwriting agent : Commercial Agency Pte Ltd
23 Kelantan Lane #02-01/02 Kim Hoe Centre Singapore 208642 Tel : 63373133

MOTOR CYCLE COVER NOTE

(Strictly for Motor Cycle Insurance)

MSCN No : 72093100

Excess: \$300 (FIRE&THEFT) \$600 (ENDT 2K)

Agency : A0074-001-10223

Date : 17 May 2018

Name : AHMAD TARMIZI BIN ISHAK

having proposed for insurance in respect of the Motor Cycle described in the Schedule below the risks is hereby HELD COVERED in the terms of the Company's usual form of **Third Party Fire & Theft** Policy applicable thereto for the period from **11:54AM** on **17 May 2018** to midnight on **16 May 2019** unless the cover be terminated by the Company by notice in writing in which case insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDULE

Registration No.	FBH5030P	Insured Value	Prevailing Market Value
Engine No.	M464M0010900	C.C.	198
Chassis No.	ZAPM4640100007540		
Year Manufactured	2012	Year of Registration	2013
Make & Model	PIAGGIO [GILERA RUNNER ST200]		
Rider Type	Policyholder		

Use only for the following purpose : social domestic and pleasure purposes and in connection with policyholder's business or profession.

CERTIFICATE OF INSURANCE

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).

IMPORTANT

Please be informed that this cover note is issued for temporary use only and that you must exchange the cover note for the certificate of insurance from the respective agents within 14 days hereof.



For MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurer

Not valid unless countersigned by Authorized Person

(Please read important information on the reverse page.)