

Date In: 11/11/19 17:23	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA1 MSG 19019984164	E-mail (within 3hrs, AIC 2hrs)		
Veh No: FY 1566 A	I-Motor Claim Form		
TP No: 9/11/19 18:00	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer: <input checked="" type="radio"/> Reporting Only	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: SMF 5401H	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 () / Non-INC ()	Date: ()	Completed 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

MA1908443	Invoice Preparation Checklist
Customer's Particulars:	1) AR: Accident Reporting (\$30) 30.00
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$30)
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
	For claiming against INC Only (wef 12 Jan 2005)
	6) TR: Re-inspection \$75
	7) N1: Idao 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: 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	11/11/2019 17:23
Date Of Accident	09/11/2019 18:00
Exact Location Of Accident	PIE TWDS TUAS B4 DUNEARN RD EXIT 25.5KM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FY1566A
Insured/Policyholder	
Name Of Registered Owner	MOHAMMAD SHAFIQ BIN SALLEH
NRIC No	S9427698E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90500977
Alternative Phone No	OFFICE-90500977

Vehicle Particulars

Manufacturer	KAWASAKI
Model	-
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
Fleet Policy	NO
Policy Number	MSD/VMT/19-405273-CA
Cover Note Number	

Driver

Name of Driver	MOHAMMAD FARHAAN BIN ZULKIFLI
NRIC No	S9709867J
Date Of Birth	16/03/1997
Occupation	OUTDOOR
Date Of Driving Pass	13/07/2017
Driving Experience	2 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90500977
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 525 BEDOK NORTH ST 3 #11-394
Postcode	460525
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
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)	2
Passenger 1	NAME: : JAMILAH GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAKI BUKIT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 526 BEDOK NORTH STREET 3 #01-448 , POSTCODE: 460526 COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4429999 - FAX NO: 62444377
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT.

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	SMF5401H
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)

DETAILS OF INJURED PERSON 1

Name MOHAMMAD FARHAAN BIN ZULKIFLI

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FY1566A

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name JAMILAH

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FY1566A

Were seat belts worn?

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:

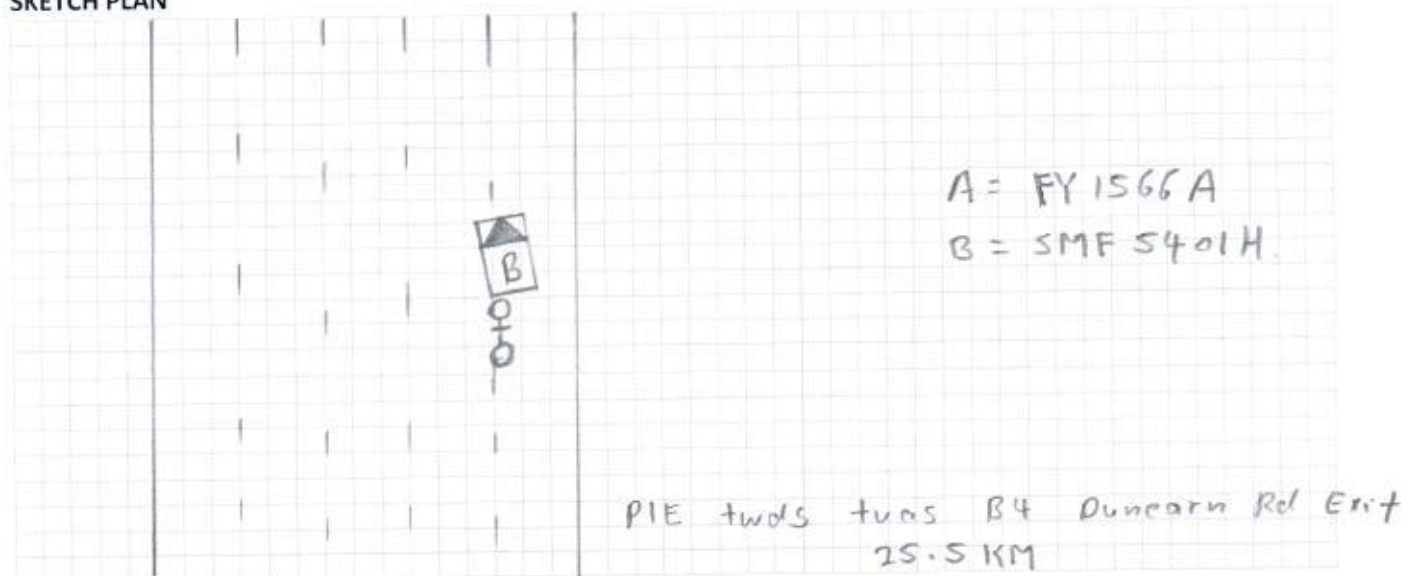


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



A = FY 1566 A
B = SMF 5401 H

PIE twos tuns B4 Duncarn Rd Exit
25.5 KM


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20191110/2081

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (9/11/19.) (DD/MM/YYYY), TIME: (18:00.) (HH:MM)

LOCATION: P16 tuds tras b4 Dunearn Rd Exit

1. DETAILS OF VEHICLE

25.5 km

- a) VEHICLE NUMBER: FY 1566A.
 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: Private use.
 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: Mohammad Shafiq Bin Sg 112. (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S 94 27 698E CONTACT: 9050 0977
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Mohammad Farhaan Bin Zulhifli (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 9050 0977.
 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)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Cousin.

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) No conveyed.

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SMF 5401H MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passengers
 (including driver)
 (2)

F

* No of passenger
 (including driver)
 ()

* No of passenger
 (including driver)
 ()

* bike photo.

* police report.

Email = Farhaan Zul@gmail.com

fax =

video =

No.



**SINGAPORE
POLICE FORCE**



T/20191110/2081

Police Station Of Origin:
Kaki Bukit NPP
526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999

1 of 4

Report No. T/20191110/2081

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/11/2019 17:58	Vide Report No.:	Station Diary No.: 15
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Informant's Particulars

Name of Informant: MOHAMMAD FARHAAN BIN ZULKIFLI			Address: APT BLK 525 BEDOK NORTH STREET 3 #11-394 SINGAPORE 460525		
ID Type / ID.No.: NRIC NO / S9709867J			Contact No.: Home/Office:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/11/2019 18:00	Type of Location: EXPRESSWAY
Location: Along Road 1 PAN ISLAND EXPRESSWAY ALONG PIE TOWARDS TUAS (25.5KM)				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FY1566A	Motorcycle	KAWASAKI	KRRZX150M	Black	Seriously Damaged	1
SMF5401H	Car	TOYOTA	PRIUS PLUS (AUTO)	White	Slightly Damaged	4

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20191110/2081

Police Station Of Origin:
Kaki Bukit NPP
526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999

2 of 4

Report No. T/20191110/2081

CONTINUATION OF REPORT

Rider			
Name	MOHAMMAD FARHAAN BIN ZULKIFLI		ID No. S9709867J
Related Vehicle	FY1566A (Motorcycle)		Contact No. 90500977
Hospital/Clinic	UNIHEALTH CLINIC BEDOK		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	10/11/2019	Date Discharge	10/11/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Yap Wei Chiew		ID No. S1283159E
Related Vehicle	SMF5401H (Car)		Contact No. 90516998
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 9th November 2019 at about 1800hrs, I was riding my bike bearing plate number FY1566A along Pan Island Expressway (2nd Lane from the right) towards Tuas together with (Jamilah, 97245622) as my pillion. At that point of time, the traffic was moderate and the road was dry. There was a car bearing registration plate number SMF5401H (V1) driving on the first lane of the said expressway ahead of me.

Subsequently, V1 signaled left. I supposed that he is going into my lane. At the same time, I signaled right to move to the first lane. When I just switched to the right lane, suddenly V1 jammed brake. I also applied my brakes to come to a stop. However, I did not manage to stop in time. As a result, my bike collided onto the rear of V1. Due to the accident, both my passenger and I fell together with the bike. Driver of V1 assisted to call for ambulance. The accident was attended by both ambulance and police.

We then exchange our particulars at scene. V1 has around 4 passengers with him and none of them was observed to have any visible injuries on them. V1's rear bumper was slightly dented.

Due to the accident, my bike sustained the following damages:

- 1) Front Mudguard Cracked
- 2) Right Fairing Badly Damaged
- 3) Handlebar Misaligned

My right shoulder felt pain and discomfort. My pillion rider has bruises and abrasions on her right arm. On 10th November 2019, I went to Unihealth Clinic Bedok and was given 3 days MC from 10 November 2019 to 12 November 2019. I am not sure whether V1 has any in car camera. That's all.



**SINGAPORE
POLICE FORCE**



T/20191110/2081

Police Station Of Origin:

Kaki Bukit NPP

526 Bedok North Street 3 #01-448

SINGAPORE 460526

Tel No: 1800-4429999

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Report No. T/20191110/2081

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20191110/2081

4 of 4

Police Station Of Origin:
Kaki Bukit NPP
526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999

Report No. T/20191110/2081

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:
G /
Sgt 2 AHMAD BIN HASHIM

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sgt 3 MARIAH BINTE ZAKARIA
Contact No.: 65476433

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
10/11/2019 17:58

Classification Of Case:

MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212Q)
4 Shenton Way, #21-01, SGX Centre 2, Singapore 068807 msig.com.sg

In an emergency, call the MSIG 24-hour helpline above
please provide the policyholder's name and ID/FIN number or policy number when
seeking assistance.

24-hour helpline
+65 6827 7660
+65 6827 7660



MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212Q)
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), Road Transport (Amendment) Act 2019 (Malaysia)
The Motor Vehicles (Third-Party Risks) Rules, 1959 (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. : MSD/VMT/18-405273-CA 40074-001 1000

SEMI-INSURED : TPL
EXCESS : NIL

FY1866A

1. Index mark and Registration Number of Vehicle : FY1866A 149 C.C.

2. Name of Policyholder : KAWASAKI
MOHAMMAD SHAFIQ BIN SALLEH

3. Effective date of the Commencement of Insurance : 1201AM 24/10/2019
for the purposes of the Act : 23/10/2020

4. Date of Expiry of Insurance

5. Persons or Classes of Persons entitled to drive
a. The Policyholder.

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

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

09/10/2019 15G
CAG-03 06/13