

NATIONAL Assessment Centre Services

(wef 1 Jan 2005) MNA 119 49538

Date In: M/1/19- 11:24	Job description	Date & Time Completed	Done by
Ref No: NA1MS619220224	SAS e-filing		
Veh No: FB9100YA	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 8/1/19- 11:15	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: SEB 760M 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 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

	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill	
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TF: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	OD:			
Driver/Owner:	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
Contact No:	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (N:n INC) against INC \$20			
Damaged Portion:	9) N12: Idac Mobile 30			
	Invoice dated	Fee Charged		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged		
Auditors' Comments :-				
Date 1:				
Date 2 / 3:				

## 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	12/11/2019 11:24
Date Of Accident	08/11/2019 12:15
Exact Location Of Accident	PIE (CHANGI) AFTER KIM KEAT LINK EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP1004A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD SHAHRUL BIN ZAINUDIN
Work Permit No	S8530531Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90614694
Alternative Phone No	OFFICE-90614694

### Vehicle Particulars

Manufacturer	YAMAHA
Model	GDR155A (AEROX)
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSD/VMS/19-394825-CA
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD SHAHRUL BIN ZAINUDIN
Work Permit No	S8530531Z
Date Of Birth	14/09/1985
Occupation	INDOOR
Date Of Driving Pass	22/06/2006
Driving Experience	13 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90614694
Fax Number	
Contact Number	OFFICE-90614694
Email Address	NOEMAIL

Address	BLK 865 JURONG WEST STREET 81 #05-565
Postcode	640865
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?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 700 CORPORATION ROAD , <b>POSTCODE:</b> 649818 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2689999 - <b>FAX NO:</b> 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20191108/2119.

#### 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	SKB7560M
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	MUHAMMAD SHAHRUL BIN ZAINUDIN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBP1004A
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
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:

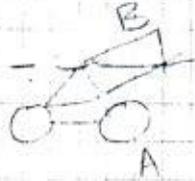
\_\_\_\_\_  
Reporting Centre Personnel's Signature

Name :

NRIC / Fin No :

A: FEB 1004A

B: SKB7560M



**SKETCH PLAN**

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

As per Police Report T / 20191108/2119

**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.:

Email: [sm@idac.com.sg](mailto:sm@idac.com.sg) Tel no: 6555 6888

\*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

**Personal Particulars of Owner & Driver (Vehicle A)**

Date of Accident: 08 / 11 / 2019 (dd/mm/yy) Time of Accident: 12 : 15 (24-HR-FORMAT)

Vehicle No.: FBP1004A Vehicle Make & Model: GDR 155A (AEROS)

Exact location of Accident: PIE Towards Changi after Kim Keat Link

Policyholder's Name / IC No.: Muhammad Shahrul Bin Zamudin S8530531Z

Driver's Name / IC No.: \_\_\_\_\_ (As Above)

Driver's Contact No.: 90614694 Company Contact No (Company Veh Only): \_\_\_\_\_

Driver's Address: \_\_\_\_\_

Email address: \_\_\_\_\_ Insurance Company: MSIG

**Relationship between Owner & Driver:** (Please **CIRCLE** one only)  
Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: \_\_\_\_\_

**What do you wish to claim?** (Please **TICK** one only)

Own Insurance /  Other Vehicle (The one you want to claim against) /  Reporting (For Record Purpose)

**Exact purpose for which the vehicle was being used at time of accident?**

Private use /  Work purpose

**Occupation (nature of job)**  Indoor /  Outdoor

**\*No. of Passengers (Including Driver):** 1

\*Passanger Name: \_\_\_\_\_ Gender: Male / Female \*Passanger Name: \_\_\_\_\_  
Gender: Male / Female

**Weather condition & Road conditions?** (On the day of accident)

Clear & Dry /  Raining & Wet /  After-Rain & Wet /  Drizzling & Wet / Others: \_\_\_\_\_

**Was there any video captured by your Car Camera?**  Yes /  No

**Any Injuries:**  Yes /  No (If YES) Injured Person's Name: \_\_\_\_\_

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: FBP1004A

**Police Report filed:**  Yes /  No (If YES) Which Police Station: T / 20191108 / 2119

**The Other Partv(s) Details:**

1. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: SKB 7560M

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

2. Driver's Name / IC No (If Any): \_\_\_\_\_ Vehicle No: \_\_\_\_\_

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_



**SINGAPORE  
POLICE FORCE**



T/20191108/2119

1 of 3

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No. T/20191108/2119

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 08/11/2019 17:18	Vide Report No.:	Station Diary No.: 113
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**Informant's Particulars**

Name of Informant: MUHAMMAD SHAHRUL BIN ZAINUDIN		Address: APT BLK 865 JURONG WEST STREET 81 #05-565 SINGAPORE 640865	
ID Type / ID No.: NRIC NO / S8530531Z		Contact No.:	Mobile: 90614694
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 34	Date of Birth: 14/09/1985	Type of Informant: Rider
Race: Malay		Language: English	Institution / School Name:
Occupation: ENGINE TECHNICIAN		Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/11/2019 12:15	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY  TOWARDS CHANGI AFTER KIM KEAT LINK				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP1004A	Motorcycle	YAMAHA	GDR155A (AEROX)	Red	Seriously Damaged	0
SKB7560M	Car				Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP1004A	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDSMT19394825	31/01/2019	30/01/2020



**SINGAPORE  
POLICE FORCE**



T/20191108/2119

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

2 of 3

Report No. T/20191108/2119

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	MUHAMMAD SHAHRUL BIN ZAINUDIN	ID No.	S8530531Z
Related Vehicle	FBP1004A (Motorcycle)	Contact No.	90614694
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	08/11/2019	Date Discharge	08/11/2019
No. of Days granted Medical Leave	03	Degree of Injury	Serious

**Brief Details.**

On 08/11/2019 at about 1215hrs , I was travelling along PIE towards Changi on lane 2. After passing Kim Keat Link , I noticed that the traffic in front had slowed considerably and as such I also slowed down when suddenly a car from lane 1 (my right side) changed lane without any warning and side swiped my motorcycle. I got thrown off my bike and I landed on lane 3. I was in a shock and I managed to get up and walked to the front of the car that had swiped me.

Subsequently , ambulance and traffic police came over. I was conveyed to Tan Tock Seng Hospital in conscious condition and I was given 3 days medical leave. I had sustained abrasion on the right side of my arm , legs and body. My right leg was also swollen. I was informed later on that my bike had been towed away to TP compound. I am unsure of the damage to the bike.



**SINGAPORE  
POLICE FORCE**



T/20191108/2119

3 of 3

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No. T/20191108/2119

**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 /  
Sr Staff Sgt MUHAMAD RIZMAN BIN SAMAD

Signature Of Informant:  
*[Handwritten Signature]*

Signature Of Interpreter:  
Not applicable

Date/Time:  
08/11/2019 17:18

Officer In Charge Of Case:  
TP / GIT /  
Insp TAN CHIN YONG  
Contact No.: 65476178

Classification Of Case:  
*[Handwritten Classification]*

Authentication Stamp  
NP168

*[Handwritten Signature]*  
Signature:  
Singapore Police Force



CA 519844

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

B75272

**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 : MSD/VMS/19-394825-CA A0074-001/10110

SUM INSURED : PNW

EXCESS : \$300(FIRE&amp;THEFT) \$600(ENDT 2K)

1. X mark and Registration Number of Vehicle **FBP1004A**  
**YAWAHA** 155 c.c.
2. Name of Policyholder **MUHAMMAD SHAHRUL BIN ZAINUDIN**
3. Effective date of the Commencement of Insurance  
 for the purposes of the Act **1009AM 31/01/2019**
4. Date of Expiry of Insurance **30/01/2020**
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 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).

31/01/2019 (CG)  
 CA/CI-03 (05/13)

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