

NATIONAL Assessment Centre Services.

(ver 1 Jan'08)

NA49157802

Date In: 18/11/2019 10:19	Job description	Date & Time Completed	Done by
Ref No: N/A/M/85(9020476/4	SAS e-filing		
Veh No: FBE 996/T	E-mail (5 mins, AIC 2 hrs)		
D.O.A. 18/11/2019 19:10	I-Motor Claim Form		
OD TP Reporting Only	I-Motor W/O (Withins: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/VK32		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Vch No: SAC 39182	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 ()	

() 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: ()

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	• N5: Courtesy Car / Tpt Allowance \$3	
	• N6: Repair Co-ordination \$10	
	• N7: Post Repair Inspection \$25	
	• N8: DV / Collect Excess Coordination \$3	
	TP (NI) / 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	18/11/2019 10:19
Date Of Accident	14/11/2019 19:10
Exact Location Of Accident	ALONG MUHAMMAD SULTAN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE5961T
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD QUFIANDY BIN MD SUAMI
Co Reg No	-
Email Address	TWOHERO1SOULS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87670759
Alternative Phone No	OFFICE-87670759

Vehicle Particulars

Manufacturer	YAMAHA
Model	RXZ135-133CC (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	
Cover Note Number	72172070/E01

Driver

Name of Driver	MOHAMMAD NAZRI BIN ABUTALIB
NRIC No	S9015775B
Date Of Birth	11/05/1990
Occupation	OUTDOOR
Date Of Driving Pass	12/11/2008
Driving Experience	11 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87670759
Fax Number	
Contact Number	OTHERS-87670759
Email Address	TWOHERO1SOULS@GMAIL.COM

Address	BLK 48 LOWER DELTA ROAD #07-19
Postcode	160048
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - OPENING DOOR OF VEHICLE
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20191118/2131

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	SHC3978Z
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LIM MENG CHONG
NRIC/Passport Number	S1203940I
Contact Number	97682579
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLM7587S
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUHAMMAD JAMIL BIN HAMDAN
NRIC/Passport Number	S7622039E
Contact Number	96819375
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	MOHAMMAD NAZRI BIN ABUTALIB
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBE5961T
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: 15/11/2019

1557 HRS -

Driver's Signature

(If driver is not the policyholder)

Date & Time:

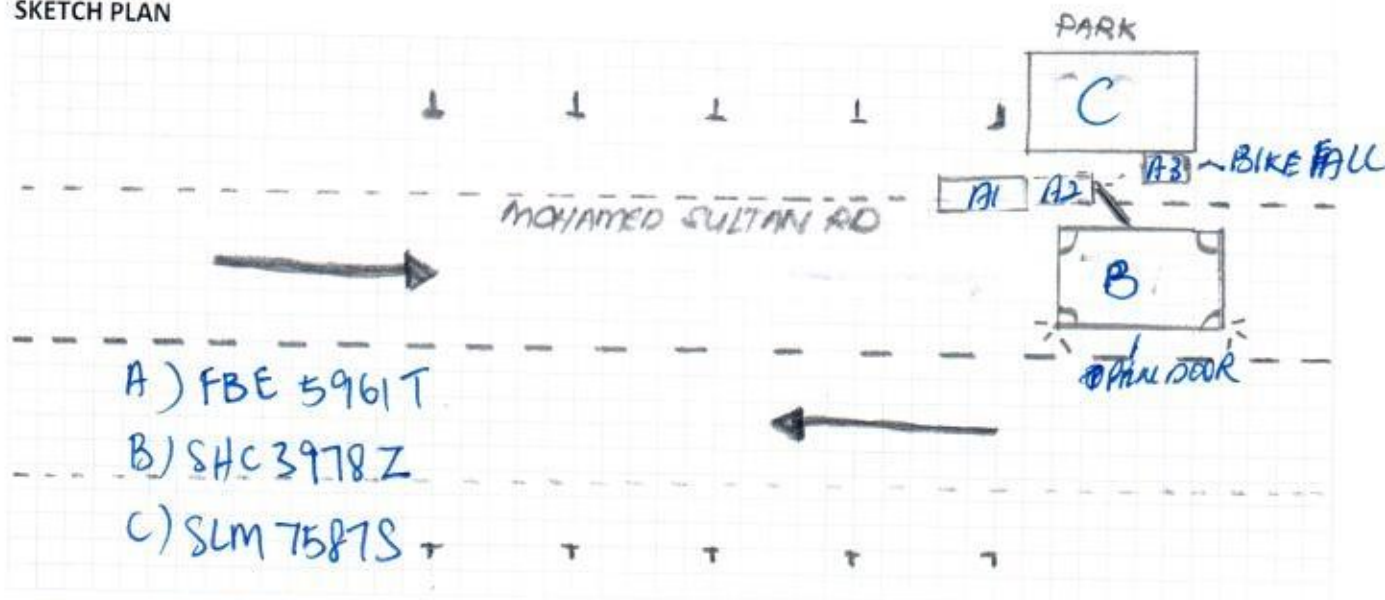
18/11/2019

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

② 1910 HRS, I WAS RIDING ALONG MOHAMED SULTAN ROAD WHERE THE ACCIDENT TOOK PLACE. IT WAS ONLY A 2 LANE ROAD, THE EXTREME LEFT LANE WAS OCCUPIED BY THE VALET SERVICE COMPANY. I WAS MOVING ALONG AND THERE'S A TAXI ON MY RIGHT SIDE ALSO MOVING ALONG WITH ITS RIGHT SIGNAL LIGHT ON. I DID NOT KNOW THAT THE TAXI WAS ALIGHTING ITS PASSENGER, CAUSE HE (TAXI) WAS ON THE SECOND LANE OF THE ROAD.

AS I WAS MOVING ALONG, SUDDENLY PASSENGER DOOR OF THE TAXI (DOOR LEFT SIDE OF VEHICLE) OPENED SUDDENLY AND HIT ON ME. I FELL OFF MY BIKE, AND MY BIKE MOVE FORWARD AND HIT A STATIONARY PARKED VEHICLE SLM 7587Z, ON ITS RIGHT DOOR DRIVER SEAT. THE CAR WAS OWNED BY THE VALET SERVICE COMPANY. THEY'RE ALSO WITNESSING REGARDING THE TAXI OF STOPPING ON SECOND LANE WITHOUT ANY HAZEL LIGHT ON.

TAXI NO DAMAGE.

DAMAGES ON MY BIKE, AND ABIT SCRATCHES ON ANOTHER CAR.

POLICE REPORT 7/2019/118/2131

DECLARATION

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

Policyholder's Signature
Date & Time: 15/11/2019
1557 HRS.

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

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

18/11/2019
Roshan



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20191118/2131

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/11/2019 16:04		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MOHAMMAD NAZRI BIN ABUTALIB			Address: APT BLK 48 LOWER DELTA ROAD #07-19 THE BEO CRESCENT SINGAPORE 160048		
ID Type / ID No.: NRIC NO / S9015775B			Contact No.: Home/Office: Mobile: 87670759		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 29	Date of Birth: 11/05/1990	Type of Informant: Rider		
Race:			Language:		Institution / School Name:
Occupation: Motorcycle delivery man			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 14/11/2019 19:10	Type of Location:
Location: Along Road 1 Traveling Toward Road 2 MOHAMED SULTAN ROAD RODYK STREET ALONG MOHAMED SULTAN ROAD TWDS RODYK STREET				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control:	Traffic Volume: Heavy	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE5961T	Motorcycle				Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE5961T	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72172070/E01	14/10/2019	17/04/2020



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20191118/2131

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMMAD NAZRI BIN ABUTALIB	ID No.	S9015775B
Related Vehicle	FBE5961T (Motorcycle)	Contact No.	87670759
Hospital/Clinic	SHALOM CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	15/11/2019	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION

I WAS TRAVELLING ALONG MOHAMED SULTAN ROAD ON THE SECOND LANE, THERE WAS A TAXI INFRONT OF ME. I WAS MOVING ALONG BEHIND IT THEN SUDDENLY THE TAXI STOPPED WITHOUT ANY SIGNAL LIGHTS AND I SWERVED TO THE LEFT. THE DOOR ON THE LEFT OF THE TAXI SUDDENLY SWING OPEN, I QUICKLY SWERVE MY BIKE AGAIN TO PREVENT MY BIKE FROM HITTING IT THEREFORE THE DOOR HIT THE SIDE OF MY BODY AND I FELL OFF THE BIKE. NO ONE WAS INJURED.



**SINGAPORE
POLICE FORCE**



T/20191118/2131

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20191118/2131

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:
TP /
MUHAMMAD MOINUR RAHMAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
18/11/2019 16:04

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature: _____

ACCIDENT STATEMENT

ACCIDENT DATE: 14/11/2019 (DD/MM/YYYY), TIME: 19:10 (HH:MM)

LOCATION: MUHAMMAD SULTAN ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBE5961T
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER: 72172070/EOI
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: YAMAHA / RXZ
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
 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: MUHAMMAD NAZRI B. ABUTALIB (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S901545B CONTACT: 87670759
 c) ADDRESS: BLK 48 LOWER DELTA ROAD
#07-19 S1160048

* 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: 11/05/1990 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS _____

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

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: SHC 3978Z MODEL: HYUNDAI
 b) DRIVER'S NAME: LIM MENG CHONG
 c) NRIC/FIN/PASSPORT: S12039401 CONTACT: 97683579

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLM 7587S MODEL: HONDA
 b) DRIVER'S NAME: MUHAMMAD JAMIL B. HAMDAN
 c) NRIC/FIN/PASSPORT: S7622039E CONTACT: 96819375

No of passenger
(including driver)
(1)

No of passenger
(including driver)
()

No of passenger
(including driver)
()

email = TWOHERO1SOULS@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
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 : 72172070/E01

Date : 14 Oct 2019

Agency : A0074-001-10208

Name : MUHAMMAD QUFIANDY BIN MD SUAMI

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 Policy applicable thereto for the
period from 15:41PM on 14 Oct 2019 to midnight on 17 Apr 2020 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.	FBE5961T	Insured Value	Third Party Liability (TPL)
Engine No.	5PV032114	C.C.	133
Chassis No.	PMY5PV100A0032114		
Year Manufactured	2010	Year of Registration	2010
Make & Model	YAMAHA [RXZ]		
Named Rider	MOHAMMAD NAZRI BIN ABUTALIB [DOB:11 May 1990]		

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

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



com

Not valid unless countersigned by Authorized Person

72172070

MSD/VMT/19-398400

(Please read important information on the reverse page.)