

# NATIONAL Assessment Centre Services.

1st Jan 2005

MA19153166

Date In: 20/1/2005 10:20	Job description	Date & Time Completed	Done by
Ref No: NBSA/MS619020538/4	SAS e-Milling		
Veh No: 432 6822Y	E-mail (3 days, AIC 2hrs)		
D.O.A. 22/08/2005 09:25	I-Motor Claim Form		
OD : TP : Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/VKSP		

Preferred Wksp / INC Assign Wksp / QW: ( )

Tel: ( )

Fax: ( )

TP Particulars:

Veh No: SLF 3572C

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: ( )

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

2) QC Check / Post Repair Inspection ( )

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

Injury: ( )

Date/Time: ( )

Actions: ( )

( )

( )

( )

( )

( )

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MA1908721

Claimant's Particulars:	1) AL: 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	
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey)	\$30	
Auditor's Comments:	For claiming against INC Only (ref 10 Jan 2005)		
Date:	6) TR: Re-inspection	\$75	
	7) NI: Idas DA + SMRT Survey	\$160	
	8) NTUC Additional Services:		
	ON:		
	*NS: Courtesy Car / Tpt Allowance	\$5	
	*NG: Repair Co-ordination	\$10	
	*NI: Post Repair Inspection	\$25	
	*ND: DV / Collect Excess Coordination	\$5	
	TE (NI): TP (Non INC) against INC	\$20	
	9) NI: Idas 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	20/11/2019 10:20
Date Of Accident	22/08/2019 09:25
Exact Location Of Accident	ALONG PIE TOWARDS CHANGI AIRPORT
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	ON THE WAY 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/19-400221-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 4 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	SIDE SWIPE
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?	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/20190917/7002

#### 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	SLE3572C
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)



## 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: 19/11/19

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

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

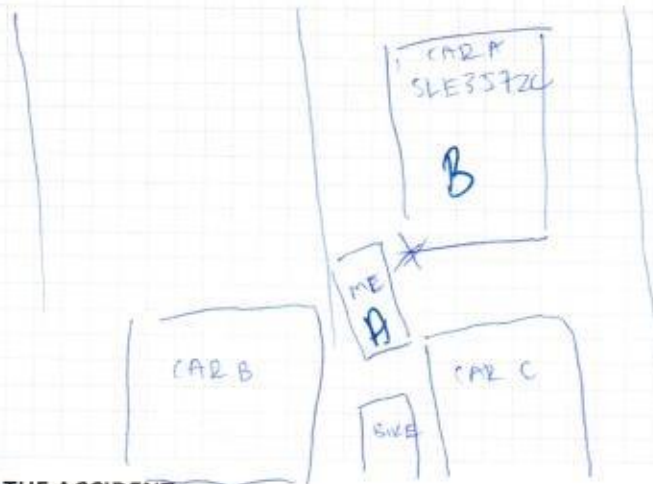
# SKETCH PLAN

PIE

FIRST LANE

A) FBP 6822Y

B) SLE3572C



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was lane splitting along PIE during morning traffic and decided to overtake a vehicle which was doing a lane change towards the left. After overtaking vehicle, I moved back towards the middle of the first and second lane and accidentally knocked the back of vehicle SLE3572C with my shoe and knee in the process. There was a third but taking into consideration the safety of the other motorcyclists behind me, I was unable to stop my vehicle in order to avoid collision. I wanted to stop at the next flyover (before Whiteley / Stevens) however, I lost sight of the affected car since it was stuck in the rightmost lane. As the events were too quick, I did not manage to catch any details of the car and was only alerted upon receiving notification from Traffic Police. I did not file a report initially since I was not injured and no damages to my bike.

POLICE REPORT T/20190817/2002

## DECLARATION

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

*[Signature]*

Policyholder's Signature

Date & Time: 19/11/19 17:24hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

*[Signature]* 20/11/2019

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

*[Signature]*





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

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/09/2019 10:00		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: MAS ILMIA BINTE MAZLAND			Address: APT BLK 322 WOODLANDS STREET 32 #04-177 SINGAPORE 730322		
ID Type / ID No.: NRIC NO / S9643987C			Contact No.: Home/Office: Mobile: 91897201		
Nationality: SINGAPORE CITIZEN			Email: mibtem@gmail.com		
Sex: Female	Age: 22	Date of Birth: 28/11/1996	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: Customer service clerk			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 22/08/2019 09:25	Type of Location: Straight Road
Location: PIE				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
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: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP6822Y	Motorcycle	YAMAHA	YZF-R15	Red		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP6822Y	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72181370	03/06/2019	08/07/2020



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

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	MAS ILMIA BINTE MAZLAND	ID No.	S9643987C
Related Vehicle	FBP6822Y (Motorcycle)	Contact No.	91897201
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.

I was lane splitting along PIE during the morning traffic and decided to overtake a vehicle which was doing a lane-change towards the left. After overtaking the vehicle, I moved back towards the middle of the first and second lane and accidentally knocked the back of vehicle SLE3572C with my shoe and knee in the process. There was a thud but taking into consideration the safety of the other motorcyclists behind me, I was unable to stop my vehicle in order to avoid collision. I wanted to stop at the next flyover (before Whitley/Stevens exit) however, I lost sight of the affected car since it was stuck at the rightmost lane. As the events were too quick, I did not manage to catch any details of the car (i.e. plate number, colour, model etc.) I did not file a report since I was not injured and there were no damages to my vehicle.





**SINGAPORE  
POLICE FORCE**



T/20190917/7002

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

3 of 3

Report No. T/20190917/7002

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
IRMAN BIN MOHAMAD SAID  
Contact No.: 65476145

Authentication Stamp

NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
17/09/2019 10:00

Classification Of Case:

# ACCIDENT STATEMENT

ACCIDENT DATE: (22/01/2019) (DD/MM/YYYY), TIME: (09:25) (HH:MM)

LOCATION: PIE London's Church Avenue

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBD68224  
 b) INSURANCE COMPANY: MSIG  
 c) POLICY NUMBER: MSD/VMS/19-000001-CD  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: HONDA B15 V3  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: ON THE WAY 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 ELINOR BTE MAZ LIND (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S96439876 CONTACT: 116977201  
 c) ADDRESS: BLK 222, WOODLANDS ST 2, #04-177, S(730322)

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

## DRIVER

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

\* d) DATE OF BIRTH: (23/11/1996) (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: TRAFFIC POLICE 10 US1 AVE 3

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLE3572C MODEL: UNKNOWN  
 b) DRIVER'S NAME: UNKNOWN  
 c) NRIC/FIN/PASSPORT: UNKNOWN CONTACT: UNKNOWN

## 9. THIRD PARTY VEHICLE

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

No of passengers  
 (including driver)  
 (1)

No of passengers  
 (including driver)  
 ( )

No of passengers  
 (including driver)  
 ( )

Email = mistem@gmail.com

VIDEO





MSIG Insurance (Singapore) Pte. Ltd. (In Reg. No. 200412212G)  
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)  
 The Motor Vehicles (Third Party Risks) Rules, 1959 (Federated States of Malaya)  
 The Motor Vehicles (Third Party Risks and Compensation) Act, 1961 (Singapore)  
 The Motor Vehicles (Third Party Risks and Compensation) Act, 1961 (Revised Edition) (Republic of Singapore)  
 The Motor Vehicles (Third Party Risks and Compensation) Act, 1961 (Revised Edition) (Republic of Singapore)  
 The Motor Vehicles (Third Party Risks and Compensation) Act, 1961 (Revised Edition) (Republic of Singapore)

CERTIFICATE NO.

512 K. S. LEE ET AL.

EXCESS

1. Index mark and Registration Number of Vehicle
2. Name of Policyholder
3. Effective date of the Commencement of Insurance for the purposes of the Act
4. Date of Expiry of Insurance
5. Persons or Classes of Persons entitled to drive

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

7. The Policy does not cover

*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).

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

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9643987C



Name

MAS ILMIA BINTE MAZLAND

Race

MALAY

Date of birth

28-11-1996

Sex

F

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S9643987C

Name

MAS ILMIA BINTE MAZLAND

Birth Date: 28 Nov 1996

Issue Date: 16 Apr 2019



4703952

NRIC No. S9643987C



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



NP 428A