

NATIONAL Assessment Centre Services

Date In: 26/11/19 (26/11/19)	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/MSG19020911/13	E-mail (w/other Mins. AP 2hrs):		
Veh No: FB49669B	i-Motor Claim Form		
D.O.A: 25/11/19 0930	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: (IP) Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tot: Fax:)

TP Particulars: Veh No: **XE1014T** 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 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

NA1908967

Invoice Preparation Checklist		Am't (\$)	Am't (\$)
		Est Bill	Add Bill
1) AR: Accident Reporting	(\$30);		
2) DA: Damage Assessment	(\$100); INC (\$80)		
3) TP: Towing Fee	\$40/\$45		
4) FT: Follow-Through Survey	\$120		
5) RT: Follow-Through Survey (Resurvey)	\$30		
For claiming against INC Only. (wef 10 Jan 2005)			
6) TR: Re-inspection	\$75		
7) NI: Idac DA + SMRT Survey	\$160		
8) NTUC Additional Services:			
Q1:			
*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: Idac Mobile	30		
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 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	26/11/2019 15:40
Date Of Accident	25/11/2019 09:30
Exact Location Of Accident	HOUANG AVE 3 TWDS EUNOS LINK L/P 94
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG9669B
Insured/Policyholder	
Name Of Registered Owner	REGENT COURIER SERVICE
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97867116
Alternative Phone No	OFFICE-63392188

Vehicle Particulars

Manufacturer	YAMAHA
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORKING
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/19-394600-CA
Cover Note Number	

Driver

Name of Driver	MOHD RAIS BIN MOHD SALLEH
NRIC No	S1723598B
Date Of Birth	08/05/1965
Occupation	OUTDOOR
Date Of Driving Pass	16/03/1998
Driving Experience	21 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86132213
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 44 CIRCUIT RD
#03-607
Postcode 370044
Was driver an employee of the Insured's Company YES
If No, Relationship of the Driver with the Insured
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? 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 KIM KEAT NEIGHBOURHOOD POLICE POST
Police Station Address ROAD: BLK 231 LORONG 8 TOA PAYOH , POSTCODE: 310231 ,
COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-2529999 - FAX NO: 63554311
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20191125/2105

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 XE1014T
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
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	MOHD RAIS BIN MOHD SALLEH
Approximate Age	
Injuries Sustain	RIGHT ARM & WRIST
Injured person in which vehicle?	FBG9669B
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:

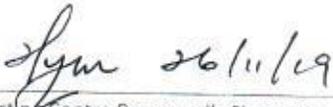
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

REGENT COURIER SERVICE

Blk 261, #04-04,
Waterloo Street,
Singapore 180261

Policyholder's Signature
Date & Time:

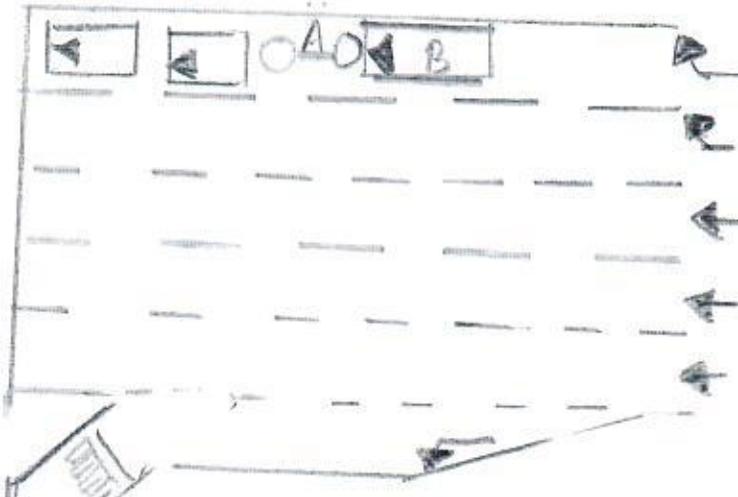

Driver's Signature
(If driver is not the policyholder)
Date & Time: 26/11/19 10:50


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

SKETCH PLAN

AIRPOKI RD
(PAYO LEBOR RD)

A - FBG9669B
B - XE1014T



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

KPE (TPE)

P/s refer to the police report: T/20191125/2105

DECLARATION

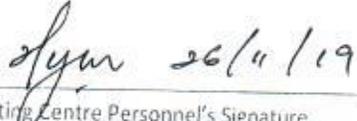
We declare the information provided are true in every respect.

Blk 261, #04-04,
Waterloo Street,
Singapore 180261

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)

Date & Time: 26/11/19 10:50


Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:



Police Station Of Origin:
Kim Keat NPP
231 Lorong 8 Toa Payoh #01-186
SINGAPORE 310231
Tel No: 1800-2529999

CONTINUATION OF REPORT

Rider			
Name	MOHD RAIS BIN MOHD SALLEH	ID No.	S1723598B
Related Vehicle	NIL	Contact No.	86132213
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

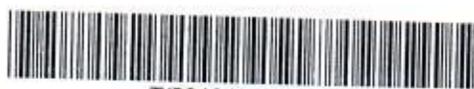
Brief Details.

On the 25/11/19 at about 0930hrs. I was riding my motorcycle (FBG9669B) at the bend of Hougang Avenue 3 towards Eunos Link. At that point of time, my motorcycle was on the extreme right lane, in a stationary position.

Thereafter, I moved off and felt an impact from my rear side. I lost balance and fell off from my motorcycle. I realized a vehicle no: XE1014T collided onto my motorcycle.

I sustained pain on my right arm and sprained my wrist. My motorcycle's front left signal light broke and multiple scratches and dents.

I went to seek my own medical attention at Tan Tock Seng Hospital. A total of 3 days MC was given to me. I am lodging this report as require by the traffic police.



Police Station Of Origin:
Kim Keat NPP
231 Lorong 8 Toa Payoh #01-186
SINGAPORE 310231
Tel No: 1800-2529999

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:
E /
Sgt 1 LAM WENG HONG, ANDREW

Signature Of Interpreter:
Not applicable

Signature Of Informant:

Date/Time:
25/11/2019 14:38

Officer In Charge Of Case:
TP / G
SINGAPORE POLICE FORCE
Sr Station Sgt NORAMEERA BINTE MOHAMED HUSSEIN
Contact No.: 65476236

SN 64

Classification Of Case:

Authentication Stamp
NP168 SIGNATURE



Tan Tock Seng Hospital
11 Jalan Tan Tock Seng, Singapore 308433
TEL (65) 6256 6011

MEDICAL CERTIFICATE	ORIGINAL	TTSH19275406
NAME: MOHD RAIS BIN MOHD SALLEH		NRIC: S1723598B

Type of Medical Leave granted: **OUTPATIENT SICK LEAVE**

The above named is unfit for duty for a period of **3** day(s) from **25-Nov-2019** to **27-Nov-2019** inclusive

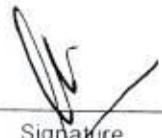
The certificate is not valid for absence from court attendance

The above named attended for Examination/Treatment from **25-Nov-2019 10:13** to **25-Nov-2019 12:43**

25-Nov-2019
Date

LWIN MAUNG OO (605231)
Issued by

Emergency Department
Location


Signature

 *A member of National Healthcare Group.
Adding years of healthy life*

ACCIDENT STATEMENT

ACCIDENT DATE: (25 / 11 / 19) (DD/MM/YYYY), TIME: (09 : 30) (HH:MM)

LOCATION: HOUGANG AVE 3 TWDS EUNOS LINK L/P 94

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBG 9669B
- b) INSURANCE COMPANY: MSIC
- c) POLICY NUMBER: MSD/VMS/19-394600-CA
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: YAMAHA
- 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: REGENT COURIER SERVICE (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: 63392188 / 97867116
- c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: MOHD RAIS BIN MOHD FAUZH (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: 86132213
- 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: _____

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: XE10147 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)
(1)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

26/11/19
waiting for
a 1 photos
(at compound)

email =

fax =

video =



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/VMS/19-394600-CA A0074-001/10001

SUM INSURED : PMV
 EXCESS : \$300 (FIRE & THEFT) \$600 (END 2K)
 (DUPLICATE)

1. Index mark and Registration Number of Vehicle: FBG96698
 YAMAHA 124 c.c.
2. Name of Policyholder REGENT COURIER SERVICE
3. Effective date of the Commencement of Insurance
 for the purposes of the Act 1201AM 25/01/2019
4. Date of Expiry of Insurance 24/01/2020

5. Persons or Classes of Persons entitled to drive
 a. Any person who is driving on the Policyholder's order
 or with their permission.

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 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.

26/11/2019 (JL)
 CA/C1-03 (05/13)

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

**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
 msg.com.sg

MOTORCYCLE INSURANCE SCHEDULE

DATE OF ISSUE: 19/02/2019

 AGENCY: A0074-001-10001
 COMMERCIAL AGENCY PTE LTD

POLICY NO: MSD/VMS/19-394600-CA

INSURED:
 NAME: REGENT COURIER SERVICE
 ADDRESS: 261 WATERLOO STREET
 #04-04
 SE 180261

 NRIC NO: 47725100E
 DATE OF BIRTH: (-1 yrs)
 DRIVING EXP: (0 yr)
 CONTACT NO: 63392188
 97867116

BUSINESS OR PROFESSION: COURIER SERVICES (COMMERCIAL USE)

 PERIOD OF INSURANCE FROM: 25/01/2019 TO 24/01/2020
 12:01AM

REGISTRATION NUMBER: FBG9669B

CUBIC CAPACITY: 124

MAKE OF VEHICLE: YAMAHA

YEAR OF REGISTRATION: 2013

 INSURED ESTIMATE OF VALUE: PMV
 PREVAILING MARKET VALUE

SEATING CAPACITY: 2

AUTHORISED DRIVERS:
 ANY PERSON WHO IS DRIVING ON THE INSURED'S ORDER
 OR WITH THEIR PERMISSION.

ENDORSEMENTS APPLICABLE: 2C 2K 3Q M23

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

PREMIUM: 384.00

GST @ 7% 26.88

TOTAL : 410.88

NO CLAIM BONUS OF 20% IS ALLOWED

 NAME OF EMPLOYER AND/OR
 HIRE PURCHASE OWNER:

REPLACING POLICY NO: MSD/VMS/18-376807-CA

MSIG Insurance (Singapore) Pte. Ltd.

Sanction Limitation and Exclusion Clause

No Insurer shall be deemed to provide cover and no Insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that Insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or United Kingdom or United States of America.

Approved Insurers