

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MA119 57430

Date In: 27/11/19 - 12:11	Job description	Date & Time Completed	Done by
Ref No: 461/MS49021093/24	SAS e-filing		
Veh No: PBJ1096R	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 27/11/19 - 22:30	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: SL7174	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

MA1908985	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add. Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	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:-		
	ON*		
	*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		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments:-	Invoice dated	Fee Charged	
Pat. 1:			
Pat. 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	29/11/2019 10:11
Date Of Accident	27/11/2019 22:30
Exact Location Of Accident	JUNC BUYONG RD & ORCHARD RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ1096R
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD KHAIROL BIN SAMSUDDIN
NRIC No	S8401467B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83721481
Alternative Phone No	OFFICE-83721481

Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ16ST
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/19-401840-CA
Cover Note Number	

Driver

Name of Driver	MUHAMMAD KHAIROL BIN SAMSUDDIN
NRIC No	S8401467B
Date Of Birth	26/01/1984
Occupation	OUTDOOR
Date Of Driving Pass	28/03/2016
Driving Experience	3 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83721481
Fax Number	
Contact Number	OFFICE-83721481
EMail Address	NOEMAIL

Address	BLK 1 HOUGANG AVENUE 3 #12-296
Postcode	530001
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 - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

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)	2
Passenger 1	NAME: : NURHAYANI BINTE HASIM GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20191128/2008.

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	SLJ17H
Vehicle Make/Model/Colour	TOYOTA C-HR
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM CHENG YONG GILBERT
NRIC/Passport Number	S1088260E
Contact Number	

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name NURHAYANI BINTE HASIM
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? FBJ1096R
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name MUHAMMAD KHAIROL BIN SAMSUDDIN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? FBJ1096R
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 Authorized 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 renege on 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/are located 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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A) FBJ 1096 R

B) SLJ 17 H

AS PER TP REPORT (12019/1128/2008)

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

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:

Date of Accident : 27/11/2019 Accident Time: 22:30 (24-HR-Format)
 Accident Place : Junction of Buyong Road and Orchard Road
 Vehicle Reg. No. (Car Plate No.) : FBJ 1906R
 Vehicle Make/Model : YAMAHA FZ 16ST
 Insurance Company : MSIG Policy No. MSD/VMS/19-401840-CA
 Owner or Company Name /IC No. : Muhammad Khairul Bin Samsuddin 58401467B
 Owner or Company Contact No. : 83721481 Owner's Hp : _____ Company Tel : _____
 DRIVER'S Name / IC No. : Muhammad Khairul Bin Samsuddin 58401467B
 DRIVER'S Date Of Birth : 26/01/1984 DRIVER'S License Pass Date 28/03/2016
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: OWNLY
 DRIVER'S Address : Blk 1 Honggang Ave 3 #12-296 S1530001
 DRIVER'S Contact No./ Alt No. : 1) 83721481 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : _____
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 2 (P)
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: SLJ 17H
 Vehicle Make/Model: Toyota C-HR
 Name Driver: LIM Cheng Yong Gilbert
 IC No. Driver: S1088260E
 Driver's Contact & Add: _____

Vehicle Reg. No: _____
 Vehicle Make/Model: _____
 Name Driver: _____
 IC No. Driver: _____
 Driver's Contact & Add: _____



**SINGAPORE
POLICE FORCE**



T/20191128/2008

1 of 4

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20191128/2008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/11/2019 02:50		Vide Report No.: E/20191127/0133		Station Diary No.: 17	
Informant's Particulars					
Name of Informant: MUHAMMAD KHAIROL BIN SAMSUDDIN			Address: APT BLK 1 HOUGANG AVENUE 3 #12-296 SINGAPORE 530001		
ID Type / ID No.: NRIC NO / S8401467B			Contact No.: Home/Office: Mobile: 83721481		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 35	Date of Birth: 26/01/1984	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: Motorcycle delivery man			Driving Licence Information: Class: 2B		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 27/11/2019 22:30	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 BUYONG ROAD ORCHARD ROAD Junction of Buyong Road and Orchard Road				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ1096R	Motorcycle	YAMAHA	FZ16ST	Black	Seriously Damaged	1
SLJ17H	Car	TOYOTA	C-HR	Red		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ1096R	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72187830	04/07/2019	03/07/2020



**SINGAPORE
POLICE FORCE**



T/20191128/2008

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20191128/2008

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Pillion			
Name	NURHAYANI BINTE HASHIM	ID No.	S8532349J
Related Vehicle	FBJ1096R (Motorcycle)	Contact No.	93798274
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	27/11/2019	Date Discharge	28/11/2019
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Rider			
Name	MUHAMMAD KHAIROL BIN SAMSUDDIN	ID No.	S8401467B
Related Vehicle	FBJ1096R (Motorcycle)	Contact No.	83721481
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	27/11/2019	Date Discharge	28/11/2019
No. of Days granted Medical Leave	06	Degree of Injury	Slight
Driver			
Name	LIM CHENG YONG GILBERT	ID No.	S1088260E
Related Vehicle	SLJ17H (Car)	Contact No.	NIL
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 27/11/2019 at about 2230hrs, I was riding my motorcycle (registration no.: FBJ1096R) with my wife (NURHAYANI BINTE HASHIM ID No. S8532349J) as the pillion and we were on the right most lane along Buyong Road wanting to make a right turn into Orchard Road.

The traffic light was green at the point of time and I was inching out to check for oncoming traffic from the opposite direction. However, while doing so, I suddenly felt an impact on my motorcycle's rear portion and both me and my wife was thrown off my motorcycle. It was after that when I came to realised that a vehicle (registration no.: SLJ17H) had collided against my motorcycle from the rear.



**SINGAPORE
POLICE FORCE**



T/20191128/2008

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No T/20191128/2008

CONTINUATION OF REPORT

My wife suffered pain on her right leg and I had suffered pain on the left side of my body due to the accident. Ambulance had come to attend to us and both of us were conveyed to Tan Tock Seng Hospital for treatment. I was given 6 days MC and my wife was given 2 days MC after we were discharged from the hospital.

When I was at Tan Tock Seng Hospital, a Traffic Police Officer had called me to gather the facts of the accident and had provided me with an incident number vide E/20191127/0133. He had also advised me to lodge a Traffic Accident Report after being discharged from the hospital.

I wish to inform that my motorcycle was also towed away by tow truck after the accident. That is all.



**SINGAPORE
POLICE FORCE**



T/20191128/2008

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20191128/2008

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: F / Sr Staff Sgt HO ZI CAI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 28/11/2019 02:50
Officer In Charge Of Case: TP / GIT / SI YEO CHUN JIAN Contact No.: 65476213	Classification Of Case:
Authentication Stamp NP168	



MSIG

CA 527935

MSIG Insurance (Singapore) Pte. Ltd. (In Reg. No. 2554122125)
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 (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: MSC/VMS/19-401840-CA A0074-001/10233

SUMINSURED: PDV
EXCESS: \$500(FIRE&THEFT) \$000(ENTD 2K)

1. Index mark and Registration Number of Vehicle: FB11096R
YAMAHA 150 C.C.
2. Name of Policyholder: MUHAMMAD KHAIROL BIN SAMSUDDIN
3. Effective date of the Commencement of Insurance for the purposes of the Act: 1201AM 04/07/2019
4. Date of Expiry of Insurance: 03/07/2020
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

**Please Note This Vehicle is Under NP With
G.N.G. MOTOR TRADING CO.
NO Endorsement is Allowed unless With
Our Written Consent.
Tel: 62836560**

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).

Rep'd by: T2 0733

19/07/2019 (K.P.)

CA 527935

COMMERCIAL AGENCY PTE. LTD.
Underwriting Agent

For MSIG Insurance (Singapore) Pte. Ltd.