

# NATIONAL Assessment Centre Services.

(ver 1 Jan 2005)

MAH420005822

Date In: 13/01/2020 17:31	Job description	Date & Time Completed	Done by
Ref No: XIA/MS420000790/4	SAS e-illing		
Veh No: EX 8190J	E-mail (Update 3hrs, AIC 2hrs)		
D.O.A: 10/01/2020 18:30	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/Whse		

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

TP Particulars: Veh No: 9BG 7039H 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 rep/rep.

( ) 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: ( )

Date: ( )

Time: ( )

Location: ( )

Witness: ( )

Police: ( )

Insurance: ( )

Other: ( )

XIA2000439

Driver/Owner:	1) All: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engn-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (ver 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*NS: Courtesy Car / Tpt Allowance \$3	
	*NR: Repairs Coordination \$10	
	*NI: Post Repair Inspection \$25	
	*ND: DV / Collect Excess Coordination \$3	
	TP (NI) / TP (NS-INC) against INC \$20	
	2) NI: Idao Mobile \$0	
	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	13/01/2020 17:31
Date Of Accident	10/01/2020 18:30
Exact Location Of Accident	ALONG LENG KEE ROAD AFTER HOY FATT ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FX8190J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ASH-SHANANI BIN HASSAN
Work Permit No	SXXXXX527A
Email Address	HITAKAROHITAKAROASHAKI@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-82060161
Alternative Phone No	OTHERS-82060161

Vehicle Particulars

Manufacturer	HONDA
Model	SONIC 125-125CC (M)
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
Fleet Policy	NO
Policy Number	MSD/VMT/19-505063-WTT
Cover Note Number	

Driver

Name of Driver	ASH-SHANANI BIN HASSAN
Work Permit No	SXXXXX527A
Date Of Birth	16/02/1984
Occupation	OUTDOOR
Date Of Driving Pass	14/04/2005
Driving Experience	14 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82060161
Fax Number	
Contact Number	OTHERS-82060161
EEmail Address	HITAKAROHITAKAROASHAKI@YAHOO.COM.SG

Address	BLK 1 SPOONER ROAD #06-100
Postcode	168789
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 - U-TURN
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	TIONG BAHRU NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 128 KIM TIAN ROAD #01-123/ 125 , POSTCODE: 160128 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2739999 - FAX NO: 62785651
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200113/2111

#### 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	GBG7039H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	GILL CHEN CHEE KWONG
NRIC/Passport Number	SXXXX893A
Contact Number	83139449
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

4

**DETAILS OF INJURED PERSON 1**

Name

ASH-SHANANI BIN HASSAN

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FX8190J

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: 13/1/2020

1622 hrs  
GIAWEL SketchPlatform\_V3

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 13/1/2020

1622 hrs

  
Reporting Centre Personnel's Signature  
Name: 13/1/2020  
NRIC/FIN No.: 6026 100003

# SKETCH PLAN

LORRY B

LENG KEE RD

Motorcycle

U-Turn

A) FX 8190J

B) GBG 7039H

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT 7/2020/13/211

## DECLARATION

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

Policyholder's Signature

Date & Time:

13/1/2020

GBR/K SketchPlanForm V3

1622 hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

13/1/2020

1622 hrs

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

13/1/2020



# ACCIDENT STATEMENT

ACCIDENT DATE: 10/1/2020 (DD/MM/YYYY), TIME: 18:30 (HH:MM)  
LOCATION: KENG LEE ROAD

## 1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: FX 8190 J  
b) INSURANCE COMPANY: MSIG  
c) POLICY NUMBER: MSD/VMT/19-505063-W TT  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: HONDA NOVA SONIC 12S  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: LEISURE  
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: ASH-SHANANI BIN HASSAN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S8405527A CONTACT: 82060161  
c) ADDRESS: BLK 1, SPOONER RD #06-100  
(168789)

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

## DRIVER

a) NAME: ASH-SHANANI BIN HASSAN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S8405527A CONTACT: 82060161  
c) ADDRESS: BLK 1, SPOONER RD #06-100  
(168789)

\* d) DATE OF BIRTH: 16/02/1984 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 14.04.2005

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 / NOT)

7. a) REPORTED TO POLICE (YES / NOT)

IF YES, PLEASE STATE WHICH POLICE STATION: KIM TIAN NPP

## 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: GBG 7039H MODEL: LORRY  
b) DRIVER'S NAME: GILL CHEN CHEE KWONG  
c) NRIC/FIN/PASSPORT: S1714893A CONTACT: 83139449

## 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)  
(4)

No of passengers  
(including driver)  
( )

email: hitakaro hitakaroashaki@yahoo.com.sg  
VIDEO





# SINGAPORE POLICE FORCE



T/20200113/2111

1 of 3

Police Station Of Origin:  
Tiong Bahru NPP  
128 Kim Tian Road #01-123 SINGAPORE  
160128  
Tel No: 1800-2739999

Report No. T/20200113/2111

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/01/2020 15:46	Vide Report No.:	Station Diary No.: 29
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**Informant's Particulars**

Name of Informant: ASH-SHANANI BIN HASSAN			Address: APT BLK 1 SPOONER ROAD #06-100 SINGAPORE 168789		
ID Type / ID No.: NRIC NO / S8405527A			Contact No.: Home/Office:		Mobile: 82060161
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 35	Date of Birth: 16/02/1984	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: DELIVERY			Driving Licence Information: Class: 2B,2A,2 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 10/01/2020 18:30	Type of Location: Straight Road
Location: Along Road 1 LENG KEE ROAD  along Leng Kee Road after Hoy Fatt Rd				
Weather: Sunny		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FX8190J	Motorcycle	HONDA	SONIC 125 M	Red	Slightly Damaged	0
GBG7039H	Lorry				Slightly Damaged	4

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FX8190J	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT19505063	21/11/2019	20/11/2020





**SINGAPORE  
POLICE FORCE**



T/20200113/2111

Police Station Of Origin:  
Tiong Bahru NPP  
128 Kim Tian Road #01-123 SINGAPORE  
160128  
Tel No: 1800-2739999

2 of 3

Report No. T/20200113/2111

**CONTINUATION OF REPORT**

**Brief Details.**

On the above mentioned date, time and location, I was riding my motorbike (FX8190J) on Leng Kee road towards Tiong Bahru road. As I was going straight, a lorry (GBG7039H) made a sudden U turn and I could not stop in time. I hit into the front right side of the lorry and I fell on my right. I sustained scratches on my right back. The lorry driver and passengers had no pinjury. My motorbike had dents and scratches. The front right side of the lorry had dent and scratches. I exchanged particulars with the lorry driver and rode off. I am lodging this report for insurance purposes.



**SINGAPORE  
POLICE FORCE**



T/20200113/2111

Police Station Of Origin:  
Tiong Bahru NPP  
128 Kim Tian Road #01-123 SINGAPORE  
160128  
Tel No: 1800-2739999

3 of 3

Report No. T/20200113/2111

**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:

A /

Sgt 2 AHMAD ARIFFIN BIN AHMAD  
AFFENDIE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

Date/Time:

13/01/2020 15:46

Classification Of Case:

Authentication Stamp

NP168





MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 2004122126)  
4 Shenton Way, # 21-01, SGX Centre2, Singapore 068807  
Tel +65 6827 7888, Fax +65 6827 7800  
msig.com.sg

W 721303

### CERTIFICATE OF INSURANCE

Road Transport Act 1987 (Malaysia), Road Transport (Amendment) Act 2019 (Malaysia)  
The Motor Vehicles (Third-Party Risks and Compensation) 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/VMT/19-505063-WTT A0633-001/W0803 S129249

SUM INSURED : TPL  
EXCESS : NIL

S8405527A

1. Index mark and Registration Number of Vehicle  
HONDA 125 c.c.  
FX8190J
2. Name of Policyholder ASH-SHANANI BIN HASSAN
3. Effective date of the Commencement of Insurance  
for the purposes of the Act 0955AM 27/11/2019
4. Date of Expiry of Insurance 20/11/2020
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. 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."

27/11/2019 (L)  
WTT-CI-04(04/14)

WTT INSURANCE AGENCIES PTE LTD  
Underwriting Agent  
For MSIG Insurance (Singapore) Pte. Ltd.