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MVA320015513 / VAC - Kaki Bukit ENTRY DATE & TIME: 04/02/2020 10:56 SUBMITTED BY: SITI FADHLON BTE ABDUL KADER Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 04/02/2020 11:09

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 witholding 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
 04/02/2020 10:56

 Date Of Accident
 31/01/2020 17:45

Exact Location Of Accident ALONG PAN ISLAND EXPRESSWAY

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBE7823X

Insured/Policyholder

Name Of Registered Owner MUHAMMAD NIFAIL BIN ZAINAL

NRIC No SXXXX423B Email Address NOEMAIL

 Mobile Phone No
 (LOCAL) +65-91774111

 Alternative Phone No
 OTHERS-91774111

Vehicle Particulars

Manufacturer HONDA

Model CB400SF2J

Exact Purpose for which vehicle was being used at

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

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 CN:60887930
Cover Note Number CN:60887930

Driver

Name of Driver MUHAMMAD NIFAIL BIN ZAINAL

 NRIC No
 SXXXX423B

 Date Of Birth
 15/04/1992

 Occupation
 INDOOR

 Date Of Driving Pass
 03/01/2013

Driving Experience 7 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91774111

Fax Number

Contact Number OTHERS-91774111

EMail Address NOEMAIL

BLK 18 TECK WHYE LANE #07-89 Address

680018 Postcode 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

Was any body injured in the Accident? YES Was any injured conveyed to hospital by

YES ambulance?

YES Was any other material or property damaged? I have been approached by unknown person(s) NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

YES Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name CHOA CHU KANG NPC

ROAD: 20 CHOA CHU KANG ST 52 #01-02, POSTCODE: 689286, Police Station Address

NO

COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

AS PER POLICE REPORT No.T/20200201/2043;

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour HYUNDAI / AE IONIQ HEV 1.6 DCT

Details Of Properties

TAXI Vehicle Category

TAN HOCK GUAN Name of Driver

SXXXX112G NRIC/Passport Number 84943404 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

No. Of Passenger (Including Driver)	
	DETAILS OF INJURED PERSON 1
Name	MUHAMMAD NIFAIL BIN ZAINAL
Approximate Age	27
Injuries Sustain	
Injured person in which vehicle?	FBE7823X
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 18 TECK WHYE LANE #07-89
Postcode	680018

Accident Sketch Plan

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Accident Sketch Plan

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IDAC KAKI BUKIT (VAC) 23 Kaki Bulit Am 4 #02:02 Singapore 4 15933 fel 67416697 Fax 6749237

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1 of 4 Report No. T/20200201/2043

Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286

Tel No: 1800-7659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/02/2020 12:05			Vide Report No.:	Station Diary No.: 69
Informa	nt's Partici	ulars		这个时间,我们还是一个时间,我们还是一个时间,不是一个时间,
	Informant: MAD NIFA	IL BIN ZAINAL	Address: APT BLK 18 TECK WHYE LA	NE #07-89 SINGAPORE 680018
	/ ID No.: D / S92144:	23B	Contact No.: Home/Office:	Mobile: 91774111
National SINGAP	ity: ORE CITIZ	EN	Email:	
Sex: Age: Date of Birth: Male 27 15/04/1992		The second services and the second second	Type of Informant: Rider	
Race: Malay			Language: English	Institution / School Name:
Occupat			Driving Licence Information: Class: 2B.2A.3	Date of Expiry:

Seneral Informa	ation of the Acciden				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 31/01/2020 17:45	Type of Location Straight Road	
Location: Along Road 1 PAN ISLAND E PIE Towards C (Anak Bukit Fly Weather:	hangi	Road Surface:		Road Speed Limit:	
Clear		Dry			
Traine French		Traffic Control: Not Controlled		Traffic Volume: Heavy	
Type of Collision	on: ng Vehicles - Side Sw	ipe - Same Direction		Anyone conveyed by ambulance:	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE7823X	Motorcycle	HONDA	CB400SF2J	Silver	Seriously Damaged	0
SHC901P	Car	HYUNDAI	AE IONIQ HEV 1.6 DCT	Yellow	Slightly Damaged	1

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company '	Insurance No	Effective	Expiry Date





2 of 4

Report No. T/20200201/2043

Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999

PTE. LTD.

CONTINUATION OF REPORT

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE7823X	MSIG INSURANCE (SINGAPORE)	60887930	30/11/2019	29/11/2020

Details of Perso	n Involved				(CARE	
Any Pedestrian Ir	nvolved: No					
No. of Pedestrian	s Injured: NIL		Use of Peo	lestriar	Cross	sing: NA
Rider						
Name	MUHAMMAD NIFAIL BIN ZAINAL		-	ID No.		S9214423B
Related Vehicle	FBE7823X (Motorcycle)		Contact No.		91774111	
Hospital/Clinic	RAFFLES HOSPITAL			Class Driving Licent Expiry	g ce &	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	31/01/2020		Date Disch	charge 31/01		/2020
No. of Days gran	ted Medical Leave 03		Degree of Injury Slight		t	
Driver						
Name	Tan Hock Guan			ID No.		S0242112G
Related Vehicle	SHC901P (Car)			Conta	ct No.	84943404
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disci	narge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

Brief Details.

On 31/01/2020 at about 1745hrs I was riding on V1 (FBE7823X) along PIE towards Changi on the extreme left lane.

While I was riding near Anak Bukit flyover, V2 (SHC901P) which were ahead moved towards the right lane thus I accelerated and continued straight.

When I was about to ride pass V2, V2 suddenly drove back without conducting any signal onto the extreme left lane which then collided onto my vehicle, V1.

The collision resulted me to be thrown off from the Motorcycle. (V2 side swiped V1)

After the accident, both of us exchanged the particular and left the vicinity. My motorcycle were badly damaged and had to be tow away.





Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999 3 of 4 Report No. T/20200201/2043

CONTINUATION OF REPORT

Following, I visited Raffles Hospital and was issued with 3 days of MC.

I am lodging this report for insurance claim purpose.





4 of 4

Report No. T/20200201/2043

Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999

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: J / Sgt 2 SIAU JING YANG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 01/02/2020 12:05
Officer In Charge Of Case: TP / AETC POLICE FORCE SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:
Authentication Stamp NP168	

4033397



NRIC No. S9214423B



23-04-2007

APT BLK 18 TECK WHYE LANE #07-89 SINGAPORE 680018

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9214423B





MUHAMMAD NIFAIL BIN ZAINAL

محمد نفایل بن زینل

MALAY Date of birth Sex 15-04-1992 M

Country of birth SINGAPORE



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 2A Class 2B Class 3

Motorcycles between 201 CC and 400 CC 27 Nov 2019
Motorcycles =< 200 CC 08 Jan 2018
Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles =< 2500 kg

S9214423B

S / No.9000338859

NP 428A





30-11-19:11:02



MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 2004122120) 4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807 Tel +65 6827 7889, Fax +65 6827 7800 www.msig.com.sg

For any enquiries please call the Underwriting agent: WTT Insurance Agencies Pte Ltd. 5001 Beach Road #02-77/78 Golden Mile Complex Singapore 199588 Tel: 62946259 / 62965445

MOTOR CYCLE COVER NOTE

(Strictly for Motor Cycle Insurance)

MSCN No : 60887930

Agency : A0633-001-W0845 Date : 30 Nov 2019

Name

: MUHAMMAD NIFAIL BIN ZAINAL

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 Policy applicable thereto for the Third Party

30 Nov 2019 to midnight on 29 Nov 2020 unless the 11:01AM 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.

Registration No.	FBE7823X	Insured Value Third Party Liability (TPL)		
Engine No.	NC23E2034888	C.C. 399		
Chassis No.	NC391034856			
Year Manufactured	2002	Year of Registration 2002		
Make & Model	HONDA [CB400SF2J]			
Rider Type	Policyholder			

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 ssued 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.

Not valid unless countersigned by Authorized Person

For MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurer

(Please read important information on the reverse page.)

04-02-20:12:41 ;

Enquire Vehicle & Owner Information (Vehicle No. SHC901P As At 31 Jan 2020 / 17:45:00)

Law Firm Search Details

Search Reason:

Insurance claim in relation to traffic accident

Law Firm Case No.:

Current Owner Details

EROFIA FBE 7823X

Owner ID Type:

Company

Owner ID:

199502839G

Owner Name:

CITYCAB PTE LTD

Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes

Registered Block/House No.: 383

Registered Street Name:

SIN MING DRIVE

Registered Unit No.:

Registered Building Name: GAS BUILDING

Registered Postal Code:

575717

Current Vehicle Details

Vehicle No.:

SHC901P

Make Description/Model: HYUNDAI / AE IONIQ HEV 1.6 DCT

Insurance Company Name: MS FIRST CAPITAL INSURANCE LIMITED