

NATIONAL Assessment Centre Services. [wef 1 Jan 2005] M NA 12001847

Date In: 01/12-17:17	Job description	Date & Time Completed	Done by
Ref No: NA/MDH 200-2281/24	SAS e-filing		
Veh No: JLCX8734M	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 9/2/20-17:25	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: FBL33471 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

	Invoice Preparation Checklist	Am't (\$) 1st 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) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	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:-		
	QD*		
	*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 \$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	10/02/2020 17:13
Date Of Accident	09/02/2020 17:25
Exact Location Of Accident	EUNOS RD 5 NEAR PAYA LEBAR LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX8134M
Insured/Policyholder	
Name Of Registered Owner	HENDRA PUTRA BIN AMAT SAHAR
NRIC No	SXXXX599J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90113484
Alternative Phone No	OFFICE-90113484

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS CLASSIC 1.6 CVT
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A29124996QMX
Cover Note Number	

Driver

Name of Driver	BALGIS BINTE MOHD YUSOFF
NRIC No	SXXXX385B
Date Of Birth	10/05/1986
Occupation	INDOOR
Date Of Driving Pass	19/03/2010
Driving Experience	9 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93258371
Fax Number	
Contact Number	OFFICE-93258371
Email Address	NOEMAIL

Address BLK 122A EDGEDALE PLAINS
#12-175

Postcode 821122

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

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 DRIZZLING

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? NO

Was any injured conveyed to hospital by ambulance?

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) 4

Passenger 1
NAME: : KARMILAH BINTE MOHD YUSOFF
GENDER: : FEMALE

Passenger 2
NAME: : MARINA BINTE MOHD YUSOFF
GENDER: : FEMALE

Passenger 3
NAME: : MOHAMMAD SYAFIQ BIN MOHD YUSOFF
GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name KAMPONG UBI NEIGHBOURHOOD POLICE POST

Police Station Address **ROAD:** BLK 9 EUNOS CRESCENT #01-2687 , **POSTCODE:** 400009 , **COUNTRY:** SINGAPORE

Police Station Contact **TEL NO:** 1800-7479999 - **FAX NO:** 67453410

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200209/2083.

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 FBL3347T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

GERALD GUNASEKARAN S/O SINGARAVELU

NRIC/Passport Number

Contact Number

86479220

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:

10/03/2020, 12:12 pm

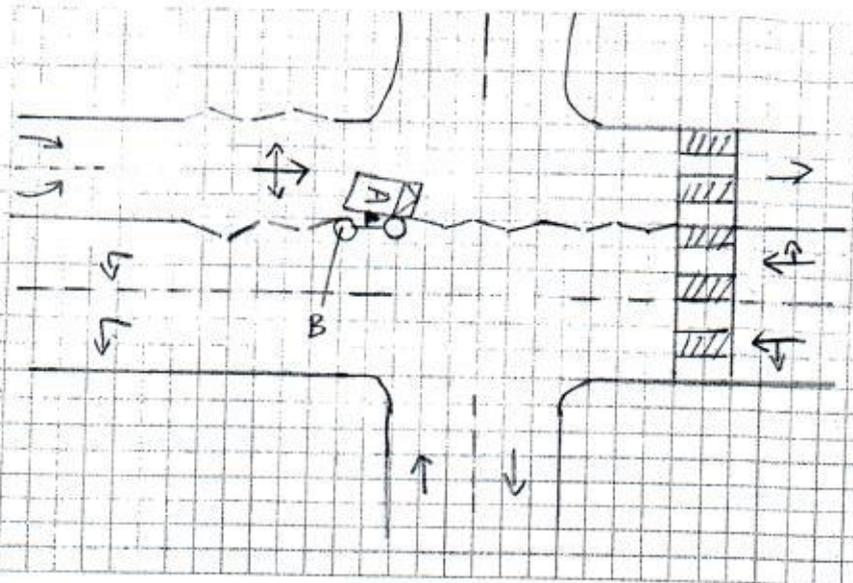
Driver's Signature
(If driver is not the policyholder)
Date & Time:

10/03/2020, 12:12 pm

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

SKETCH PLAN

A = SKX 8134M
B = FBL 3347T

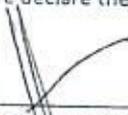


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No - T/20200209/2083

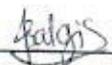
DECLARATION

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



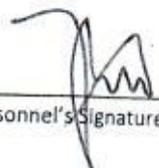
Policyholder's Signature
Date & Time:

10/02/2020 12:12 pm



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

10/02/2020 12:12 pm



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

VEHICLE NO SKX 8134M MAKE & MODEL Toyota Altis
DATE OF ACCIDENT 09/02/2020 TIME OF ACCIDENT 1725 AM / PM
LOCATION OF ACCIDENT Eunus Road 5 nearby Paya Lebar Link

OWNER DETAILS

NAME OF OWNER Hendra Putra Bin Anuar Sahar
NRIC / ROC S 8534599J
CONTACT NO. 90113484
CLAIM TYPE OD / THIRD PARTY / REPORTING ONLY
INSURANCE CO. msia
TYPE OF COVERAGE COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
POLICY NO. A 29124996 Gmx

DRIVER DETAIL

NAME OF DRIVER Balqis Binte Mohd Yusoff ANY PASSENGERS: 3 pax
NRIC S 8614385B KARMILAH BINTE MOHD YUSOFF (F)
DATE OF BIRTH 10/05/1986 MARINA BINTE MOHD YUSOFF (F)
OCCUPATION OUTDOOR / INDOOR / BOTH MOHAMMAD SYAFIQ BIN MOHD YUSOFF (M)
DATE OF DRIVING PASS 19/03/2010
GENDER MALE / FEMALE
CONTACT NO. 9325 8371 OFFICE HOME
ADDRESS Blk 122A Edgedale Plains #12-175 S (821122)
DRIVER HAVE ANY OWN VEHICLE NO / IF YES: REG NO.
RELATIONSHIP EMPLOYEE / IF NO: Spouse
WEATHER CONDITION CLEAR / RAINING / OTHER: Drizzling
ROAD SURFACE DRY / WET / OTHER:
ANY INJURY NO / IF YES: WHO? 1.
2.
3.
4.
POLICE REPORT NO / IF YES: WHERE? T/20200209/2083

VEHICLE B FBL 3347T ANY PASSENGER:
NAME Gerald Gunasekaran s/o Singaravelu
CONTACT 86479220
VEHICLE C ANY PASSENGER:
VEHICLE D ANY PASSENGER:
VEHICLE E ANY PASSENGER:
VEHICLE F ANY PASSENGER:

ANY WITNESS
CONTACT NO
Have you been approach by unknown person(s) soliciting/offering accident claims assistance YES / NO

PARTICULAR WORKSHOP huameng@live.com.sg
CONTACT PERSON
TEL FAX



**SINGAPORE
POLICE FORCE**



T/20200209/2083

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

1 of 3

Report No. T/20200209/2083

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/02/2020 19:04	Vide Report No.: G/20200209/0181	Station Diary No.: 25
--	-------------------------------------	--------------------------

Informant's Particulars

Name of Informant: BALQIS BINTE MOHD YUSOFF		Address: APT BLK 122A EDGEDALE PLAINS #12-175 SINGAPORE 821122	
ID Type / ID No.: NRIC NO / S8614385B		Contact No.: Home/Office: Mobile: 93258371	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 33	Date of Birth: 10/05/1986	Type of Informant: Driver
Race: Malay		Language:	Institution / School Name:
Occupation: Accountant		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/02/2020 17:25	Type of Location:
Location: Along Road 1 EUNOS ROAD 5 Eunos road 5 nearby Paya Lebar link				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL3347T	Motorcycle					0
SKX8134M	Car					3

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20200209/2083

2 of 3

Report No. T/20200209/2083

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

CONTINUATION OF REPORT

Rider			
Name	GERALD GUNASEKARAN S/O SINGARAVELU	ID No.	NIL
Related Vehicle	FBL3347T (Motorcycle)	Contact No.	86479220
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
Driver			
Name	BALQIS BINTE MOHD YUSOFF	ID No.	S8614385B
Related Vehicle	SKX8134M (Car)	Contact No.	93258371
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 09/02/2020 at about 1724hrs, I was driving along sims ave on the most left lane and turned into Eunos road 5. I was intending to go to Blk 415 Eunos road 5. As such, I needed to make a right turn into the HDB estate area and signaled right. Before making the turn and stop, I checked for incoming vehicle, blindspot areas, rear view mirror and the side mirrors, it was clear as such I proceeded as per normal.

However when I had inched out to the right slightly, a motorbike bearing plate number FBL3347T had suddenly side swiped onto the right side of my car. Me and my siblings then alighted my vehicle and assisted the rider.

Moments later, Ambulance and Traffic Police had arrived to the location.

My vehicle had damages due to this incident.
I do have in car camera footage.



**SINGAPORE
POLICE FORCE**



T/20200209/2083

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

3 of 3

Report No. T/20200209/2083

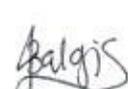
CONTINUATION OF REPORT

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: G / Sgt 3 NURBIHAYAT BIN ABDUL JALIL 
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / Sgt 3 RASHIDAH BINTE AZMAN Contact No.: 65476216

Signature Of Informant: 
Date/Time: 09/02/2020 19:04
Classification Of Case:

Authentication Stamp
NP168


SIGNATURE



MSIG

19-11690

Insur
car

MSIG Insurance (Singapore) Pte. Ltd.

4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807

Tel +65 6827 7888, Fax +65 6827 7800

Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

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 RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.X.1
Individual Ownership

MOTOR MAX
Comprehensive

Certificate No. A 29124996 QMX

Excess : SGD500

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
SKX8134M

2. Name of Policyholder
Hendra Putra bin Amat Sahar

3. Effective Date of the Commencement of Insurance for the purposes of the Act
17/05/2019

4. Date of Expiry of Insurance
28/06/2020

5. Persons or Classes of Persons entitled to drive*

Hendra Putra bin Amat Sahar
Balsis binte Mohd Yusoff

Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.

* Provided that the person driving is permitted in accordance with the licensing or other laws or 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.

6. Limitations as to use*

Use only for social domestic and pleasure purposes and for the Policyholder's business.
The Policy does not cover use for hire or reward racing pace-making reliability trial speed-testing the carriage of goods other than samples in connection with any trade or business or 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.

PLEASE NOTE ALL CLAIMS RELATED REPAIR MUST BE CARRIED OUT AT ANY MSIG AUTHORISED WORKSHOP LISTED IN THE ATTACHED.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the Insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

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.

MSIG Insurance (Singapore) Pte. Ltd.
Approved Insurers



Tel : 6344 4479
Fax : 6344 4055


for Chief Executive Officer