

NATIONAL Assessment Centre Services.

Ref: 1 Jan 2001

NA2001792

Date In: 04/03/2020 12:27	Job description	Date & Time Completed	Done by
Ref No: X/BA/MR/200035494	SAS e-filing		
Veh No: FBO 48734	E-mail (to John 2hrs, AIC 2hrs)		
D.O.A: 04/03/2020 08:00	I-Motor Claim Form		
OID: TP: Reporting Only	I-Motor W/O (With: 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:

JMK 5437

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 repair.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Comments: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date/Time: ()

Signature: ()

Signature: ()

Signature: ()

Signature: ()

Signature: ()

Signature: ()

Signature: ()

Signature: ()

Signature: ()

Signature: ()

Signature: ()

Signature: ()

Signature: ()

Signature: ()

Signature: ()

Signature: ()

Signature: ()

Signature: ()

NA2001792

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Additional Comments:

Sub: 1:

2/2

1) ARI: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100) INC (\$10)	
3) TP: Towing Fee	\$40/\$45
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) NI: Idea DA + SMRT Survey	\$160
8) NTUC Additional Services:	
ON:	
* NS: Courtesy Car / Tpt Allowance	\$3
* NG: Repair Coordination	\$10
* NT: Post Repair Inspection	\$25
* NI: DV / Collect Excess Coordination	\$3
TP (NI) / TP (Non INC) against INC	\$20
9) NI: Idea Mobile	\$0
Invoice dated	
Invoice dated	
Fee Charged	
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 willful 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	04/03/2020 12:27
Date Of Accident	04/03/2020 08:00
Exact Location Of Accident	ALONG STEVENS ROAD TOWARDS ANDERSON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ4873H
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD FADHIL BIN SULAIMI
NRIC No	SXXXX634A
Email Address	MYNAMEISFADALE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91376464
Alternative Phone No	OTHERS-91376464

Vehicle Particulars

Manufacturer	YAMAHA
Model	XMAX 300-292CC
Exact Purpose for which vehicle was being used at time of accident	TRANSPORT TO WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	
Cover Note Number	60881060

Driver

Name of Driver	MUHAMMAD FADHIL BIN SULAIMI
NRIC No	SXXXX634A
Date Of Birth	30/12/1988
Occupation	INDOOR
Date Of Driving Pass	17/08/2010
Driving Experience	9 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91376464
Fax Number	
Contact Number	OTHERS-91376464
Email Address	MYNAMEISFADALE@GMAIL.COM

Address	BLK 249 BANGKIT ROAD #02-332
Postcode	670249
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?	YES
Foreign Vehicle Registration Number	JMK5437 (MOTORCYCLE)
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 DUKE ROAD , POSTCODE: 268914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4629999 - FAX NO: 64628933
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200304/2016

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	JMK5437
Vehicle Make/Model/Colour	SUZUKI SHOGUN
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	LEE SWEE GEE
NRIC/Passport Number	FXXXX891N
Contact Number	90286535
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LEE SWEE GEE

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? JMK5437

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 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: 4/3/20

1015HRG

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

SHAWAN'S ROAD

AKHONJON ROAD



A) FBQ 4873 H

B) JMK 5437

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REPORT TO POLICE REPORT 1/2020 0304/2016.

DECLARATION

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

Policyholder's Signature

Date & Time: 4/3/20

1015HRS

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

04/03/2020

Red Li 1015HRS

ACCIDENT STATEMENT

ACCIDENT DATE: (04/03/2020) (DD/MM/YYYY), TIME: (08:00) (HH:MM)

LOCATION: Steven Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBQ4873H
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER: 60881060
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: XMAX 300 YAMAHA
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Transport to work
 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: LEE SWEET GEE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: F8177891N CONTACT: 90286535
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: MUHAMMAD FAHIL BIN SULAIMAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 88852634A CONTACT: 91376064
 c) ADDRESS: BIL 249 BUKIT TENDONG ROAD 202-332 5630249

* d) DATE OF BIRTH: (30/12/1988) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 11 JUL 2007

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 / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: BUKIT TIMAH NPG

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: JMK 5437 MODEL: SUZUKI SHOGUN
 b) DRIVER'S NAME: LEE SWEET GEE
 c) NRIC/FIN/PASSPORT: F8177891N CONTACT: 90286535

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
 e) DRIVER'S NAME:
 f) NRIC/FIN/PASSPORT: CONTACT:

No of passenger
 (including driver)
 (1)

No of passenger
 (including driver)
 ()

No of passenger
 (including driver)
 ()

email: Mynameisfadale@gmail.com

VIDEO



Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/03/2020 09:40		Vide Report No.:		Station Diary No.: 22	
Informant's Particulars					
Name of Informant: MUHAMMAD FADHIL BIN SULAIMI			Address: APT BLK 249 BANGKIT ROAD #02-332 SINGAPORE 670249		
ID Type / ID No.: NRIC NO / S8852634A			Contact No.: Home/Office: Mobile: 91376464		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 31	Date of Birth: 30/12/1988	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: STORE SPECIALIST			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 04/03/2020 08:00	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 STEVENS ROAD ANDERSON ROAD Stevens road towards Anderson road.				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled		Traffic Volume: Heavy	
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
FBQ4873H	Motorcycle	YAMAHA	CZD300A / XMAX300	Silver	Slightly Damaged	0
JMK5437	Motorcycle				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ4873H	MSIG INSURANCE (SINGAPORE) PTE. LTD.	60881060	15/10/2019	14/10/2020



**SINGAPORE
POLICE FORCE**



T/20200304/2016

2 of 3

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

Report No: T/20200304/2016

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUHAMMAD FADHIL BIN SULAIMI	ID No.	S8852634A
Related Vehicle	FBQ4873H (Motorcycle)	Contact No.	91376464
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Rider			
Name	LEE SWEE GEE	ID No.	F8177891N
Related Vehicle	JMK5437 (Motorcycle)	Contact No.	90286535
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 4/3/2020 at about 0800hrs, I was travelling in my bike, FBQ4873H along Stevens road towards Anderson road, as the traffic was heavy at my lane, I checked my rear mirror and affirmed that the traffic on my right was empty before I filter out. Later, a bike, JMK5437 which collided into me from the right lane at my rear. I did not fell, I then alighted from my bike and exchange particulars. I also called for police. There is not CCTV mounted at my bike. I am not injured however the other party was injured and was conveyed by ambulance.

I am lodging this report for traffic police investigations.



Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

3 of 3

Report No. T/20200304/2016

CONTINUATION OF REPORT

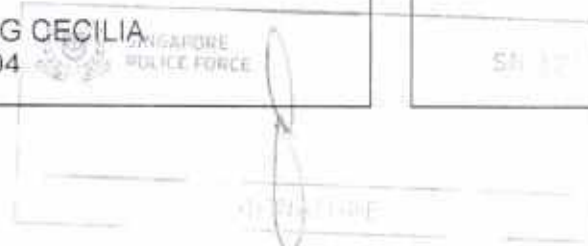
Sketch Plan

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 / Staff Sgt CHONG JIALE, SEBASTIAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 04/03/2020 09:40
Officer In Charge Of Case: TP / AEIT / SSI 2 YEO GEAK ENG CECILIA Contact No.: 65476404	Classification Of Case: SI 32

Authentication Stamp
NP158



**MSIG**

MSIG Insurance (Singapore) Pte. Ltd.
 4 Shenton Way, # 21-01, SGC Centre 2, Singapore 068807
 Tel: +65 6827 7888, Fax: +65 6827 2800
 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 : 60881060

Excess: \$500 (FIRE&THEFT) \$1,000 (ENDT 2K)

Agency: A0633-001-W0861

Date : 15 Oct 2019

Name: MUHAMMAD FADHIL BIN SULAIMI

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 Third Party Fire & Theft Policy applicable thereto for the

period from 12:00PM on 15 Oct 2019 to midnight on 14 Oct 2020 unless the
 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.

SCHEDULE

Registration No.	PBQ4873H	Insured Value	Prevailing Market Value
Engine No.	H336E0058395	C.C.	292
Chassis No.	MH3SH0845KK007527		
Year Manufactured	2019	Year of Registration	2019
Make & Model	YAMAHA [CZD300A / XMAX300]		
Named Rider	MOHAMAD ISKANDAR BIN ASARD [DOB: 03 Jul 1981]		

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 issued 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.)