

NATIONAL Assessment Centre Services.

[Ref: 1 Jan 00]

2004/2003494

Date In: 20/03/2000 16:13	Job description	Date & Time Completed	Done by
Ref No: 1/BA/MSG200004308/4	SAS e-filing		
Veh No: FBN 66917	E-mail (Sjula Shre, AIC 2hrs)		
D.O.A: 17/03/2000 12:20	I-Motor Claim Form		
OT (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax/Hand to Owner/Wksp		

Preferred Wkep / INC Assign Wkep / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

SMC 6478X

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 repolar.

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

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

Remarks: () Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date/Time	Action

1/1A2002210

Comments/Particulars	1) AR: Accident Reporting (\$30)	2) DA: Damage Assessment (\$100)	INC (\$40)
Driver/Owner:	3) TP: Towing Fee \$40/\$45	4) PT: Follow-Through Survey \$120	5) PT: Follow-Through Survey (Resurvey) \$30
Contact No:	For claiming against INC Only (ver 10 Jan 2003)		
Damaged Portion:	6) TR: Re-inspection \$75	7) NI: Issue DA + SMRT Survey \$160	8) NTUC Additional Services:-
QC Checked by (Engr-In-Charge):	9) NI: Issue Mobile	10) NI: Issue Mobile	11) NI: Issue Mobile
Auditor's Comments:	12) NI: Issue Mobile	13) NI: Issue Mobile	14) NI: Issue Mobile
Cal 1:	15) NI: Issue Mobile	16) NI: Issue Mobile	17) NI: Issue Mobile
2/2	18) NI: Issue Mobile	19) NI: Issue Mobile	20) NI: Issue Mobile
	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	20/03/2020 16:13
Date Of Accident	17/03/2020 12:20
Exact Location Of Accident	BLK 814 HOUGANG AVENUE 10 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN6691T
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD ASYIK BIN SHAFIE
NRIC No	SXXXX914Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91817750
Alternative Phone No	OTHERS-91817750

Vehicle Particulars

Manufacturer	HONDA
Model	PCX150A-153CC
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/20-506161-WTT
Cover Note Number	

Driver

Name of Driver	FAIZAL BIN ABDUL RAHIM
NRIC No	SXXXX290H
Date Of Birth	24/06/1980
Occupation	OUTDOOR
Date Of Driving Pass	04/12/2003
Driving Experience	16 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91817750
Fax Number	
Contact Number	OTHERS-91817750
Email Address	NOEMAIL

Address	BLK 471A FERNSVALE STREET #07-87
Postcode	791471
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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	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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200317/7034

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	SMC6478X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	FAIZAL BIN ABDUL RAHIM
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBN6691T
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

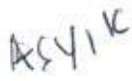
IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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:



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



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

SKETCH PLAN

BLK 814 Houlbuck AVENUE 10 CAR PARK



7 7 7 7 7 7 7

A) FBN 66917
B) SMC 6478X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS A Police Report 7/20200317/7034

DECLARATION

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

x ASYIK
Policyholder's Signature
Date & Time:

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

20/03/2020
Reporting Centre Personnel's Signature
Name: Res 1
NRIC/FIN No: 66917

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 17/03/2020 (dd/mm/yy) Time of Accident: 12:20 (24-HR-FORMAT)

Vehicle No.: FBN 6691 T Vehicle Make & Model: _____

Exact location of Accident: Blk 814 Honggang Ave 10 Car Park

Policyholder's Name / IC No.: _____

Driver's Name / IC No.: Faizal Bin Abdul Rahim S8030290H (As Above) ☐

Driver's Contact No.: 91817750 Company Contact No (Company Veh Only): _____

Driver's Address: _____

Email address: _____ Insurance Company: MSIG

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

☒ Private use / ☐ Work purpose

*No. of Passengers (Including Driver): 01

*Passenger Name: _____ Gender: Male / Female *Passenger Name: _____ Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☐ No

Any Injuries: ☐ Yes / ☐ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☐ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: SMC 6478X

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____



SINGAPORE POLICE FORCE



T/20200317/7034

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20200317/7034

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/03/2020 18:48		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: FAIZAL BIN ABDUL RAHIM			Address: APT BLK 471A FERNVALE STREET #07-87 SINGAPORE 791471		
ID Type / ID No.: NRIC NO / S8030290H			Contact No.: Home/Office: Mobile: 91817750		
Nationality: SINGAPORE CITIZEN			Email: faizalrahim24@gmail.com		
Sex: Male	Age: 39	Date of Birth: 24/06/1980	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: SAFETY COORDINATOR			Driving Licence Information: Class: 2B,2A,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/03/2020 12:20	Type of Location: Straight Road
Location: Hougang mall open space carpark				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 10 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN6691T	Motorcycle			Black	Slightly Damaged	0
SMC6478X	Car	MERCEDES BENZ		Grey	Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20200317/7034

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20200317/7034

CONTINUATION OF REPORT

Rider			
Name	FAIZAL BIN ABDUL RAHIM	ID No.	S8030290H
Related Vehicle	FBN6691T (Motorcycle)	Contact No.	91817750
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	17/03/2020	Date Discharge	17/03/2020
No. of Days granted Medical Leave	04	Degree of Injury	Serious

Brief Details.

My vehicle (FBN6691T) was stationary behind the vehicle (SMC6478X), out of a sudden the vehicle (SMC6478X) reverse so fast and bang on to my vehicle (FBN6691T), I felt unwell after the accident so I went to see the doctor at intermedical clinic, my injuries was so bad and they refer me to sengkang general hospital to see the doctor and I was given 4 days MC



**SINGAPORE
POLICE FORCE**



T/20200317/7034

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20200317/7034

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
PHUA TIAK YEE
Contact No.: 65472077

Authentication Stamp

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
17/03/2020 18:48

Classification Of Case:



MSIG Insurance (Singapore) Pte. Ltd. (Co Reg No. 200412212G)
4 Shenton Way, # 21-01, SGX Centre2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7800
msig.com.sg

W 722289

CERTIFICATE OF INSURANCE

Road Transport Act 1987 (Malaysia), Road Transport (Amendment) Act 2019 (Malaysia)
The Motor Vehicles (Third-Party Risks) 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/VMS/20-506161-WTT A0633-001/W0891

SUM INSURED : PMV

EXCESS : \$300(FIRE&THEFT) \$600(ENDT 2K)

S8518914Z

1. Index mark and Registration Number of Vehicle

FBN6691T

2. Name of Policyholder

HONDA
MUHAMMAD ASYIK BIN SHAFIE

153 c.c.

3. Effective date of the Commencement of Insurance
for the purposes of the Act

1435PM 27/12/2019

4. Date of Expiry of Insurance

26/12/2020

5. Persons or Classes of Persons entitled to drive

a. The Policyholder.

b. FAIZAL BIN ABDUL RAHIM ONLY

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

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 Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof."

Repl CN: 60891780

03/01/2020 (M)

WTT-CI-0400/14

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