

NATIONAL Assessment Centre Services [wef 1 Jan 05] MANA20038299			
Date In: 30/03/2020 20:09	Job description	Date & Time Completed	Done by
Ref No: NBA/MSG20004693/Y	SAS e-filing		
Veh No: FBK 266T	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 19/03/2020 16:00	i-Motor Claim Form		
OD <input checked="" type="checkbox"/> 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: SUF7H	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 repaler.	
() 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

NA2002529	Invoice Preparation Checklist	Amt (\$) [In Bill]	Amt (\$) [Add Bill]
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: 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)		
Car 1:	6) TR: Re-inspection \$75		
Car 2 / 3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	*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 date:	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	30/03/2020 20:09
Date Of Accident	19/03/2020 16:00
Exact Location Of Accident	ALONG YIO CHU KANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK266T
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD NAIM BIN ABDUL AZIZ
NRIC No	SXXXX263Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85858755
Alternative Phone No	OTHERS-85858755
Vehicle Particulars	
Manufacturer	YAMAHA
Model	JUPITER MX-134CC HC
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/20-409970-CA
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD NAIM BIN ABDUL AZIZ
NRIC No	SXXXX263Z
Date Of Birth	10/05/1982
Occupation	OUTDOOR
Date Of Driving Pass	02/12/2004
Driving Experience	15 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85858755
Fax Number	
Contact Number	OTHERS-85858755
EMail Address	NOEMAIL

Address	BLK 571A WOODLANDS AVENUE 1 #03-894
Postcode	731571
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 - 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	WOODLANDS EAST N.P.C
Police Station Address	ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200321/2106 AND F/20200322/2054

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	SLF7H
Vehicle Make/Model/Colour	MERCEDES BENZ S400L
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	96953669
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD NAIM BIN ABDUL AZIZ
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBK266T
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

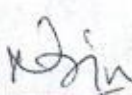
SKETCH PLAN

IMPORTANT NOTICE

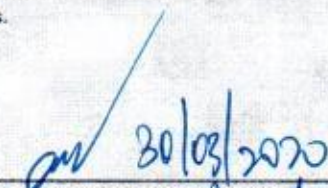
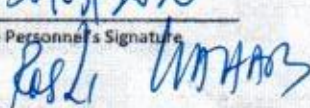
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:

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


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

SKETCH PLAN

Along the city center road

A hand-drawn sketch plan on a grid background. It shows a road layout with several horizontal lines. Arrows indicate traffic flow: two arrows pointing right on the top two lines, one arrow pointing down on the third line, and two arrows pointing left on the bottom two lines. A proposed bus stop is marked with a circle and a triangle, labeled 'A' and 'B'. A dashed line connects the two points, and the word 'PARKING' is written below it.

A) FBK 266T
B) SLF 7H

B) 8474

AS police Report T/20200324/2106 & F/20200324

AS police Report T/20200321/2106 & F/20200322/2054

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

Date & Time:

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

NRIC/FIN No.:

*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: 19/03/2020 (dd/mm/yy) Time of Accident: 16 : 00 (24-HR-FORMAT)

Vehicle No.: FBK 266 T Vehicle Make & Model: _____

Exact location of Accident: Yio Chu Kang Rd

Policyholder's Name / IC No.: Muhammad Naim Bin Abdul Aziz S8212263Z

Driver's Name / IC No.: _____ (As Above) ☒

Driver's Contact No.: 85858755 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?

☒ Private use / ☐ Work purpose

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

*No. of Passengers (Including Driver): 01

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

Driver's Name / IC No: _____ Vehicle No: SLF 7H

Driver's Contact No: _____ Insurance Company: _____

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/20200321/2106

1 of 4

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

Report No. T/20200321/2106

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/03/2020 20:57		Vide Report No.:		Station Diary No. 147	
Informant's Particulars					
Name of Informant: MUHAMMAD NAIM BIN ABDUL AZIZ		Address: APT BLK 571A WOODLANDS AVENUE 1 #03-694 SINGAPORE 731571			
ID Type / ID No.: NRIC NO / S8212263Z		Contact No.: Home/Office:		Mobile: 85858755	
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 37	Date of Birth: 10/05/1982		Type of Informant: Rider	
Race: Malay		Language:		Institution / School Name:	
Occupation: LABATORY DESPATCHER		Driving Licence Information: Class:		Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/03/2020 18:00	Type of Location: T-Junction
Location: Along Road 1 Traveling Toward Road 2 YIO CHU KANG ROAD SERANGOON GARDEN WAY JUNCTION OF YIO CHU KANG ROAD AND SERANGOON GARDEN WAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Vehicle Type	Make	Model	Color	Condition	No. of Passengers
FBK266T	Motorcycle	YAMAHA	JUPITER MX (HC)	White	Slightly Damaged	0
SLF7H	Car	MERCEDES BENZ	S400L (R19 LED)	Black	Slightly Damaged	0

Details of Insurance

Vehicle No.	Insurance Company	Policy No.	Effective Date	Expiry Date
FBK266T	MSIG INSURANCE (SINGAPORE) PTE. LTD	MSDSMT20408970	15/02/2020	14/02/2021



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999



T/20200321/2106

3 of 4

Report No. T/20200321/2106

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999



T/20200321/2106

4 of 4

Report No. T/20200321/2106

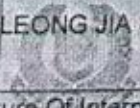
CONTINUATION OF REPORT

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:

L/  SN 130
Sgt 3 LEONG JIA SHENG, KENNETH

Signature Of Interpreter:

Not applicable

Singapore Police Force

Signature Of Informant:



Date/Time:

21/03/2020 20:57

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Classification Of Case:

Authentication Stamp

NP158



**SINGAPORE
POLICE FORCE**



F/20200322/2054

1 of 2

POLICE REPORT (NP299)

Report No. F/20200322/2054

Police Station Of Origin
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

Date/Time Report Made 22/03/2020 14:00	Vide Report No.	Station Diary No. 5
Name Of Informant MUHAMMAD NAIM BIN ABDUL AZIZ	Address APT BLK 571A WOODLANDS AVENUE 1 #03-894 SINGAPORE 731571	
ID Type / ID No. NRIC NO / S8212263Z	Contact No. Home/Office Mobile 85858755	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation DESPATCH RIDER	Sex Male	Age 37
Institution/School Name	Date of Birth 10/05/1982	Race Malay
Date/Time Of Incident 19/03/2020 16:00	Location Of Incident YIO CHU KANG ROAD SINGAPORE Junction of Yio Chu Kang Road and Serangoon Garden Way	

Brief details.

On the 19/03/2020 at about 1600hrs, I was involved in an accident with a vehicle bearing registration plate number SLF 7 H and made a Traffic Accident report reference to report number T/20200321/2106. After the accident happened, the driver decided to make a private settlement and offered me \$100/- in cash. I accepted and he gave me his contact number + 65 9695 3669. We then parted ways.

Signature Of Officer Recording The Report:

F / Sgt 1 SHAMEERUDIN BIN TAJUDDIN

Signature Of Informant:

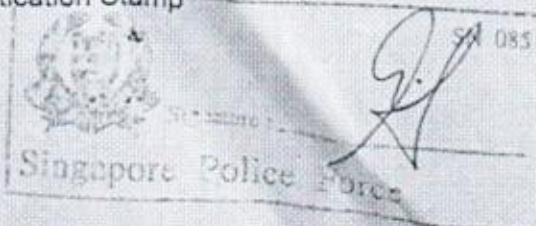
Signature Of Interpreter:
Not applicable

Date/Time:
22/03/2020 14:00

Officer In-Charge Of Case:
F / Ang Mo Kio North N.P.C /
SI SHAHRUL-IMRAN BIN SULAIMI
Contact No.: 64849999

Classification Of Case:

Authentication Stamp





**SINGAPORE
POLICE FORCE**



F/20200322/2054

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20200322/2054

On the 20/03/2020, I went down to a workshop along Upper Paya Lebar 'Champion Motors' and was informed that due to the damages on my front mudguard, front left coverset, handlebar alignment and brake disc issues, it could cost me about \$400/-. I then called the guy and told him that \$100/- was not enough to cover the cost of my repairs and told him that it was going to cost \$400/-. He then told me that he would bear all the cost over the phonecall that we had. Suddenly he started twisting his words saying that he should not be bearing all the cost and told me to claim from my insurance company. I then told him that I would pass him back his cash and just go through my insurance company to make the claim.

On the 21/03/2020 I went down to a workshop 'Motor Stop' at kaki Bukit Road recommended by a friend who does accident claims. But earlier in the morning, the driver of the vehicle gave me a call again and said that he would want to do a private settlement. As he already told me to make an insurance claim, I told him I did so and wanted to pass back his money and asked him for a place to meet for me to pass him back his cash. He gave me an address, 'Blk 159 Ang Mo Kio' and told me that once I have arrived was told to give him a call. My wife gave him a call when we arrived and he told that he was not at that location as he already left and he cut the call.

I then called him back and told him that whether he wanted his money or not and he started hurling vulgarities at me insulting me 'Fuck You', 'Ninabuei Chibai', 'Your Mother fucker'.

I am lodging this report to disclaim liability that I do not intend to keep his \$100/- and also lodging for police assistance as he insulted me and also my mother.

Signature Of Officer Recording The Report:

F / Sgt 1 SHAMEERUDIN BIN TAJUDDIN

Signature Of Informant:

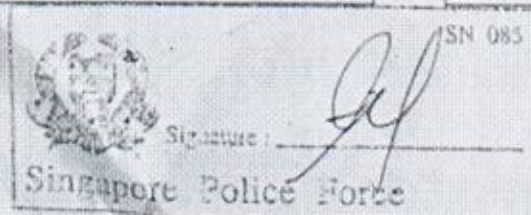
Signature Of Interpreter:
Not applicable

Date/Time:
22/03/2020 14:00

Officer In-Charge Of Case:
F / Ang Mo Kio North N.P.C /
SI SHAHRUL-IMRAN BIN SULAIMI
Contact No.: 64849999

Classification Of Case:

Authentication Stamp





MSIG

CA 53781
MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg No. 2004122120)
4 Shenton Way, # 21-01, SGX Centre2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7800
msig.com.sg

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 : USD VMS 20-409872-04 40074-001 10220

SUM INSURED :

PMV

EXCESS :

\$3000(FIRE&THEFT) \$600(TENDT 2K)

1. Index mark and Registration Number of Vehicle FBK268T

2. Name of Policyholder YAMAHA
MUHAMMAD NAIM BIN ABUL AZIZ 134 C.C.

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

4. Date of Expiry of Insurance 12014M 15/02/2020
14/02/2021

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. 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 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."

COMMERCIAL AGENCY PTE. LTD.