

Date In:	Job description	Date & Time Completed	Done by
03/04/2000 14.16	SAS e-filing		
Ref No: NBSA/MSG 2000492314	E-mail (to Jala Blue, AIC 2hrs)		
Veh No: FBQ 4591X	I-Motor Claim Form		
D.O.A: 02/01/20/20 12.3	I-Motor W/O (with/od OD 2hrs, TP 4hrs)		
OD (TP) Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/WKSP		

Preferred Wksp / INC Assign Wksp / QW: ()
 TP Particulars: Vch No: SJF 4971X INC () / Non-INC ()
 Owner / Driver: () Tct: ()
 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 ()

() 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: ()

- 1) Apply for Transport Allowance () / Courtesy Car ()
- 2) QC Check / Post Repair Inspection ()
- 3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date	Time	By

Item	Amount	Notes
1) ART: 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	
6) TR: Re-inspection	\$75	For claiming against INC Only (w/ 10 Jan 2000)
7) NI: Idea DA + SMRT Survey	\$160	
8) NTUC Additional Services:		
ON:		
*N5: Courtesy Car / Tpl Allowance	\$3	
*N6: Repair Coordination	\$10	
*N7: Post Repair Inspection	\$23	
*N8: DV / Collect Excess Coordination	\$3	
*TP (N11): TP (Non-INC) against DRG	\$20	
*N12: Idea Mobile	\$0	
Invoice dated		Fee Charged
Invoice dated		Fee Charged

QC Checked by (Engr-In-Charge): _____

Auditor's Comments: _____

2/2

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	03/04/2020 14:16
Date Of Accident	02/04/2020 12:30
Exact Location Of Accident	TIONG BAHRU PLAZA CARPARK BASEMENT 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ4591X
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD MUHAIMIN BIN ABDUL RAOF MAGAD
NRIC No	SXXXX055A
Email Address	MUHAIMAINE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-88087021
Alternative Phone No	OTHERS-88087021
Vehicle Particulars	
Manufacturer	YAMAHA
Model	NMAX155-155CC
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	
Cover Note Number	72208910
Driver	
Name of Driver	MUHAMMAD MUHAIMIN BIN ABDUL RAOF MAGAD
NRIC No	SXXXX055A
Date Of Birth	10/03/1994
Occupation	OUTDOOR
Date Of Driving Pass	22/03/2016
Driving Experience	4 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88087021
Fax Number	
Contact Number	OTHERS-88087021
EEmail Address	MUHAIMAINE@GMAIL.COM

Address	BLK 91 HENDERSON ROAD #05-140
Postcode	150091
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	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 SKETCH PLAN

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	SJF4971X
Vehicle Make/Model/Colour	TOYOTA COROLLA ALTIS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG KENG PAU
NRIC/Passport Number	SXXXX644G
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD MUHAIMIN BIN ABDUL RAOF MAGAD
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBQ4591X
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: 3/4/20

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

TIONG BAHRU PLAZA
CARPARK B1

A) FBG 4591X
B) SSF 4971X



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

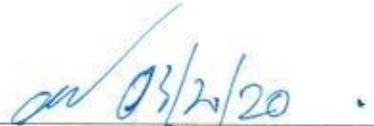
REFER TO POLICE REPORT 7/20200402/2022

DECLARATION

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


 Policyholder's Signature
 Date & Time: 03/09/20

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


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

ACCIDENT STATEMENT

ACCIDENT DATE: (02/04/2020) (DD/MM/YYYY), TIME: (1230) (HH:MM)

LOCATION: TIONG BAHRU PLAZA CARPARK

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBQ4591X
b) INSURANCE COMPANY: MSIG
c) POLICY NUMBER: 7220 8910
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: YAMAHA NMAX
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE
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: Muhel Muhaimin (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9412057A CONTACT: 88087021
c) ADDRESS: 91 Henderson Road #05-140
S150091

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: (10/03/1991) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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: CHUA CHUKANG

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJF4971X MODEL: TOYOTA ALTIIS
b) DRIVER'S NAME: NG KENG PAU
c) NRIC/FIN/PASSPORT: S15116446 CONTACT: 9683 6040

9. THIRD PARTY VEHICLE

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

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

email = muhaimaine@gmail.com
VIDEO



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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/04/2020 21:15	Vide Report No.: A/20200402/0058	Station Diary No.:
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Informant's Particulars

Name of Informant: MUHAMMAD MUHAIMIN BIN ABDUL RAOF MAGAD		Address: 91 HENDERSON ROAD #05-140 SINGAPORE 150091	
ID Type / ID No.: NRIC NO / S9412055A		Contact No.: Home/Office:	Mobile: 88087021
Nationality: SINGAPORE CITIZEN		Email: MUHAIMAINE@GMAIL.COM	
Sex: Male	Age: 26	Date of Birth: 10/03/1994	Type of Informant: Rider
Race: Arab		Language: English	Institution / School Name:
Occupation: Operations officer (except transport operations)		Driving Licence Information: Class: 2B	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/04/2020 12:30	Type of Location: Car Park
Location: TIONG BAHRU ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 20 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Others			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBQ4591X	Motorcycle	YAMAHA	nmax	Blue	Slightly Damaged	0
SJF4971X	Car	TOYOTA	ALTIS	Silver	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ4591X	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72208910	07/10/2019	06/10/2020



**SINGAPORE
POLICE FORCE**



T/20200402/7022

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

2 of 3

Report No. T/20200402/7022

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJF4971X	NTUC Income Insurance Co-Operative Limited			

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD MUHAIMIN BIN ABDUL RAOF MAGAD	ID No.	S9412055A
Related Vehicle	FBQ4591X (Motorcycle)	Contact No.	88087021
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	02/04/2020	Date Discharge	02/04/2020
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

At the exit Tiong bahru plaza carpark, a driver had insufficient cashcard amount hence i passed him mine for him to exit first. After which driver lost control of car, banged the carpark gantry and then reversed which hit me.



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

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 / TPHQ / MARIAH BINTE ZAKARIA Contact No.: 65476433

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 02/04/2020 21:15
Classification Of Case:

Authentication Stamp

NP168

