

# NATIONAL Assessment Centre Services.

Form 1 Jan 2003

NA120044955

Date In: 05/09/2020 16:27	Job description	Date & Time Completed	Done by
Ref No: NA/MSG 200055657	SAS e-filing		
Veh No: FBN 1138 H	E-mail (Within 2hrs, AIC 2hrs)		
D.O.A: 04/05/2020 17:30	I-Motor Claim Form		
OID: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/When		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SKC 1286P	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 ( )	

( ) 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: ( )	
Reason for Repair: ( )	
1) Apply for Transport Allowance ( ) / Courtesy Car ( )	
2) QC Check / Post Repair Inspection ( )	
3) Upload Resurvey Photo [Repair Cost > \$9000] ( )	

Injury: ( )	
Date of Incident: ( )	
Location: ( )	
Weather: ( )	
Road Conditions: ( )	
Witnesses: ( )	
Police Report: ( )	

NA2002837	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$10)
Contact No:	3) TP: Towing Fee	\$40/24h
Damaged Portion:	4) PT: Follow-Through Survey	\$120
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
	For claiming against INC Only (Ref 10 Jan 2003)	
	6) TR: Re-inspection	\$75
	7) NI: Idea DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	ON:	
	*NS: Courtesy Car / Tpl Allowance	\$5
	*N6: Repair Coordination	\$10
	*N7: Post Repair Inspection	\$25
	*N8: DV / Collect License Coordination	\$5
	TE (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 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	05/05/2020 16:27
Date Of Accident	04/05/2020 17:30
Exact Location Of Accident	ALONG YUAN CHING ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBN1138H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	OTHMAN BIN EUSUFF
NRIC No	SXXXX253G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84550071
Alternative Phone No	OTHERS-84550071
<b>Vehicle Particulars</b>	
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
<b>Insurance Company</b>	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSD/VMMS/19-401526-CA
Cover Note Number	
<b>Driver</b>	
Name of Driver	OTHMAN BIN EUSUFF
NRIC No	SXXXX253G
Date Of Birth	20/12/1961
Occupation	INDOOR
Date Of Driving Pass	30/03/1990
Driving Experience	30 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-84550071
Fax Number	
Contact Number	OTHERS-84550071
EMail Address	NOEMAIL

Address	BLK 188 BUKIT BATOK WEST AVE 6 #02-15
Postcode	650188
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?	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/20200504/7022

#### 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	SKC1286P
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	OTHMAN BIN EUSUFF
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBN1138H
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



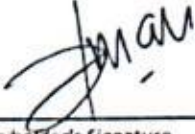
## SKETCH PLAN

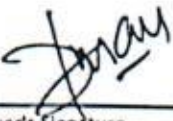
### IMPORTANT NOTICE

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.

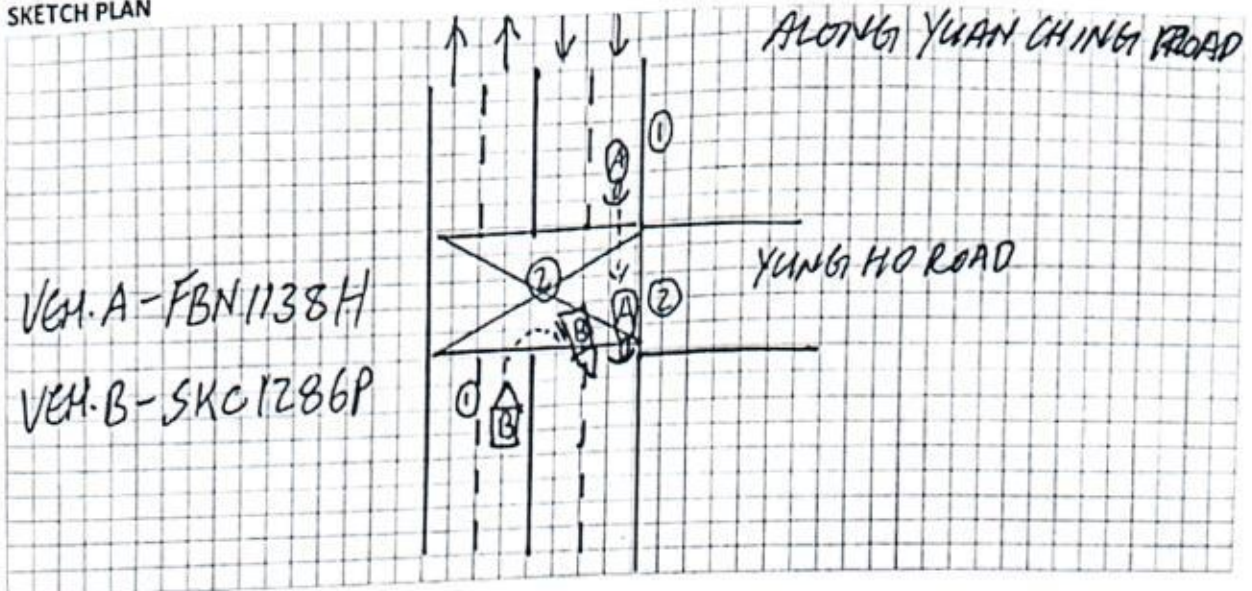
  
Policyholder's Signature  
Date & Time:

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

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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT. T/20200504/7022

DECLARATION

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

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: Reta  
NRIC/FIN No.: 05/05/2020



# SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE:	04/05/2020	TIME:	1730	(hh:mm) 24 hrs Format
LOCATION	ALONG YUAN HANG RD			
VEHICLE NUMBER	FBN 1138H			
INSURED NAME	OTHMAN BIN EUSUFF			
NRIC / FIN	S1503253G	CONTACT:	84550071	
MAKE	YAMAHA	MODEL	LC135	
Are you claiming under your own insurance policy for repair to your vehicle?				
( ) Yes, If No, Pls Select : ( <input checked="" type="checkbox"/> ) Third Party ( ) Reporting Only				
INSURANCE COMPANY	MSIG			
TYPE OF POLICY ( ) COMPREHENSIVE ( ) THIRD PARTY ( ) TPFT				
POLICY NUMBER :				
NAME DRIVER :	( <input checked="" type="checkbox"/> ) SAME AS INSURED			
NRIC / FIN	CONTACT:			
DATE OF BIRTH:	20/12/1961			
DRIVING PASS DATE :	30/03/1990			
OCCUPATION : ( <input checked="" type="checkbox"/> ) INDOOR ( ) OUTDOOR				
GENDER : ( <input checked="" type="checkbox"/> ) MALE ( ) FEMALE				
EMAIL ADDRESS:	( ) NO EMAIL			
ADDRESS OF DRIVER:	BLOCK 188 BUKIT BATOK WEST AVG 6 #02-15 6650188			
Number Of Passenger Include Driver:	01			
Was driver an employee of the Insured's Company? ( ) YES ( <input checked="" type="checkbox"/> ) NO				
If No, Relationship Of The Driver With The Insured				
( <input checked="" type="checkbox"/> ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling ( ) Others				
Does The Driver Own Any Other Vehicle? : ( ) YES ( <input checked="" type="checkbox"/> ) NO				
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:				
Insurance Company Of Driver's Own Vehicle				
Weather Conditions: ( <input checked="" type="checkbox"/> ) Clear ( ) Raining ( ) Drizzling ( ) Others				
Road Surface : ( <input checked="" type="checkbox"/> ) Dry ( ) Wet ( ) Others				
Was Any Foreign Vehicle Involved In This Accident? ( ) YES ( <input checked="" type="checkbox"/> ) NO				
Was Anybody Injured In The Accident? ( <input checked="" type="checkbox"/> ) YES ( ) NO				
If YES, Injured details : HAND AND LEG INJURIES				
Convey By Ambulance: ( ) YES ( <input checked="" type="checkbox"/> ) NO				
Was There Any Video Capture By Car Camera? ( ) YES ( <input checked="" type="checkbox"/> ) NO				
Was There Accident Reported To The Police? ( ) YES ( <input checked="" type="checkbox"/> ) NO If Yes Attach Police Report				
Police Report Number (if any)				
Details Of 3rd Party	Name / NRIC	No.of Paxs (incl'driver)	Contact	
Veh B	SKC1286P	( ) / Not Sure ( )		
Veh C		( ) / Not Sure ( )		
Veh D		( ) / Not Sure ( )		
Veh E		( ) / Not Sure ( )		
Veh F		( ) / Not Sure ( )		
Veh G		( ) / Not Sure ( )		





# SINGAPORE POLICE FORCE



T/20200504/7022

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

1 of 3

Report No. T/20200504/7022

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/05/2020 19:42		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: OTHMAN BIN EUSUFF			Address: APT BLK 188 BUKIT BATOK WEST AVENUE 6 #02-15 SINGAPORE 650188		
ID Type / ID No.: NRIC NO / S1503253G			Contact No.: Home/Office: Mobile: 84550071		
Nationality: SINGAPORE CITIZEN			Email: chrisdesagon@gmail.com		
Sex: Male	Age: 58	Date of Birth: 20/12/1961	Type of Informant: Rider		
Race: Boyanesse			Language: English		Institution / School Name:
Occupation: Machinery mechanic (general)			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/05/2020 17:30	Type of Location: T-Junction
Location:  YUAN CHING ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN1138H	Motorcycle	YAMAHA	JUPITER MX (HC)	Purple		0
SKC1286P	Car					0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBN1138H	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDSMT19401526	23/07/2019	22/07/2020





**SINGAPORE  
POLICE FORCE**



T/20200504/7022

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

2 of 3

Report No. T/20200504/7022

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	OTHMAN BIN EUSUFF	ID No.	S1503253G
Related Vehicle	FBN1138H (Motorcycle)	Contact No.	84550071
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	05	Degree of Injury	Slight

Brief Details.

On the stated date and time, I vehicle (FBN1138H) was travelling straight at yuan ching road towards boon lay way. The traffic light was green and in my favour. As i drove straight after the traffic light. Suddenly, vehicle (SKC1286P) make U-turn and collided to the right side of my bike causing me and my bike to fall to the left side.

After the accident, I went to onecare bukit batok clinic to seek medical for injuries to my right ribs, both legs and whole left hand & wrist. I was then given 5 days of MC.





**SINGAPORE  
POLICE FORCE**



T/20200504/7022

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

3 of 3

Report No: T/20200504/7022

**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 /  
ANG YI TING, STEPHANIE  
Contact No.: 65476414

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:  
04/05/2020 19:42

Classification Of Case:



**MSIG**

MSIG Insurance (Singapore) Pte. Ltd. (In Reg. No. 2008122304)  
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807  
Tel: +65 6827 7888 Fax: +65 6827 7800  
msig.com.sg

**MOTORCYCLE INSURANCE SCHEDULE****DATE OF ISSUE:** 29/07/2019**AGENCY:** A0074-001-10900  
COMMERCIAL AGENCY PTE LTD**POLICY NO:** MSD/VMS/19-401526-CA**INSURED:**  
**NAME:** OTHMAN BIN EUSUFF  
**ADDRESS:** 188 BUKIT BATOK WEST AVE 6  
#02-15  
SE 650188**NRIC NO:** S1503253G  
**DATE OF BIRTH:** 20/12/1961 (57 yrs)  
**DRIVING EXP:** 30/03/1990 (29 yrs)  
**CONTACT NO:** 84550071**BUSINESS OR PROFESSION:** MACHINE OPERATOR**PERIOD OF INSURANCE FROM:** 23/07/2019 **TO** 22/07/2020  
12:01AM**REGISTRATION NUMBER:** FBN1138H**CUBIC CAPACITY:** 134**MAKE OF VEHICLE:** YAMAHA**YEAR OF REGISTRATION:** 2014**INSURED ESTIMATE OF VALUE:** PMV  
PREVAILING MARKET VALUE**SEATING CAPACITY:** 2**AUTHORISED DRIVERS:**

THE INSURED ONLY.

**ENDORSEMENTS APPLICABLE:** 2C 2K 3Q 15 M23 97 - INSURED**EXCESS:** \$300(FIRE&THEFT) \$600(ENDT 2K)**PREMIUM:** 176.00**GST @ 7%:** 12.32**TOTAL:** 188.32

NO CLAIM BONUS OF 20% IS ALLOWED

**NAME OF EMPLOYER AND/OR  
HIRE PURCHASE OWNER:** YONG SENG HENG MOTOR SERVICES**REPLACING POLICY NO:** MSD/VMS/18-386146-CA

MSIG Insurance (Singapore) Pte. Ltd.

**Sanction Limitation and Exclusion Clause**

No Insurer shall be deemed to provide cover and no Insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that Insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or United Kingdom or United States of America.

Approved Insurers