

NATIONAL Assessment Centre Services

NBA 470053325

Date In: 22/06/2020 15:12	Job description	Date & Time Completed	Done by
Ref No: NBA/M/G/20006526/N	SAS e-filing		
Veh No: FBH 800S	E-mail (Update this, AIC this)		
D.O.A: 02/04/2020 15:46	I-Motor Claim Form		
OD: (TP) Reporting Only	I-Motor W/O (w/holder: 00 hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whar		

Preferred Wkep / INC Assign Wkep / QW: ()

TP Particulars: Vch No: SM 9633D 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 ()

() 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: ()

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Other: ()

NBA2003303

Driver/Owner:	1) AIC Accident Reporting (\$30)	
Contact No:	2) DA + Damage Assessment (\$100)	INC (\$10)
Damaged Portion:	3) TP Towing Fee	\$10
QC Checked by (Bugs-In-Charge):	4) TP Follow-Through Survey	\$10
	5) TP Follow-Through Survey (Resurvey)	\$10
	6) TP Follow-Through Survey (Resurvey)	\$10
	7) TP Follow-Through Survey (Resurvey)	\$10
	8) TP Follow-Through Survey (Resurvey)	\$10
	9) TP Follow-Through Survey (Resurvey)	\$10
	10) TP Follow-Through Survey (Resurvey)	\$10
	11) TP Follow-Through Survey (Resurvey)	\$10
	12) TP Follow-Through Survey (Resurvey)	\$10
	13) TP Follow-Through Survey (Resurvey)	\$10
	14) TP Follow-Through Survey (Resurvey)	\$10
	15) TP Follow-Through Survey (Resurvey)	\$10
	16) TP Follow-Through Survey (Resurvey)	\$10
	17) TP Follow-Through Survey (Resurvey)	\$10
	18) TP Follow-Through Survey (Resurvey)	\$10
	19) TP Follow-Through Survey (Resurvey)	\$10
	20) TP Follow-Through Survey (Resurvey)	\$10
	21) TP Follow-Through Survey (Resurvey)	\$10
	22) TP Follow-Through Survey (Resurvey)	\$10
	23) TP Follow-Through Survey (Resurvey)	\$10
	24) TP Follow-Through Survey (Resurvey)	\$10
	25) TP Follow-Through Survey (Resurvey)	\$10
	26) TP Follow-Through Survey (Resurvey)	\$10
	27) TP Follow-Through Survey (Resurvey)	\$10
	28) TP Follow-Through Survey (Resurvey)	\$10
	29) TP Follow-Through Survey (Resurvey)	\$10
	30) TP Follow-Through Survey (Resurvey)	\$10

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	22/06/2020 15:52
Date Of Accident	02/04/2020 15:40
Exact Location Of Accident	ALONG HENDERSON ROAD OPPOSITE 211 HENDERSON
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH800S
Insured/Policyholder	
Name Of Registered Owner	MOHAMED NOOR BIN MOHAMED HANIFA
NRIC No	SXXXX158H
Email Address	NOOREEASHA0727@GMAIL.COM
Mobile Phone No	(LOCAL) +65-88307389
Alternative Phone No	OTHERS-88307389
Vehicle Particulars	
Manufacturer	KAWASAKI
Model	KR150K-148CC
Exact Purpose for which vehicle was being used at time of accident	DOING DELIVERY
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
Fleet Policy	NO
Policy Number	MSD/VMT/19-406878-CA
Cover Note Number	
Driver	
Name of Driver	MOHAMED NOOR BIN MOHAMED HANIFA
NRIC No	SXXXX158H
Date Of Birth	27/07/1995
Occupation	OUTDOOR
Date Of Driving Pass	21/02/2018
Driving Experience	2 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-88307389
Fax Number	
Contact Number	OTHERS-88307389
EMail Address	NOOREEASHA0727@GMAIL.COM

Address	BLK 916 JURONG WEST STREET 91 #10-164
Postcode	640916
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 - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	WET

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?	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	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/20200403/2034

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	SLM9633D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MOHAMED NOOR BIN MOHAMED HANIFA
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBH800S
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: 22/06/20 1425

Driver's Signature

(if driver is not the policyholder)

Date & Time:

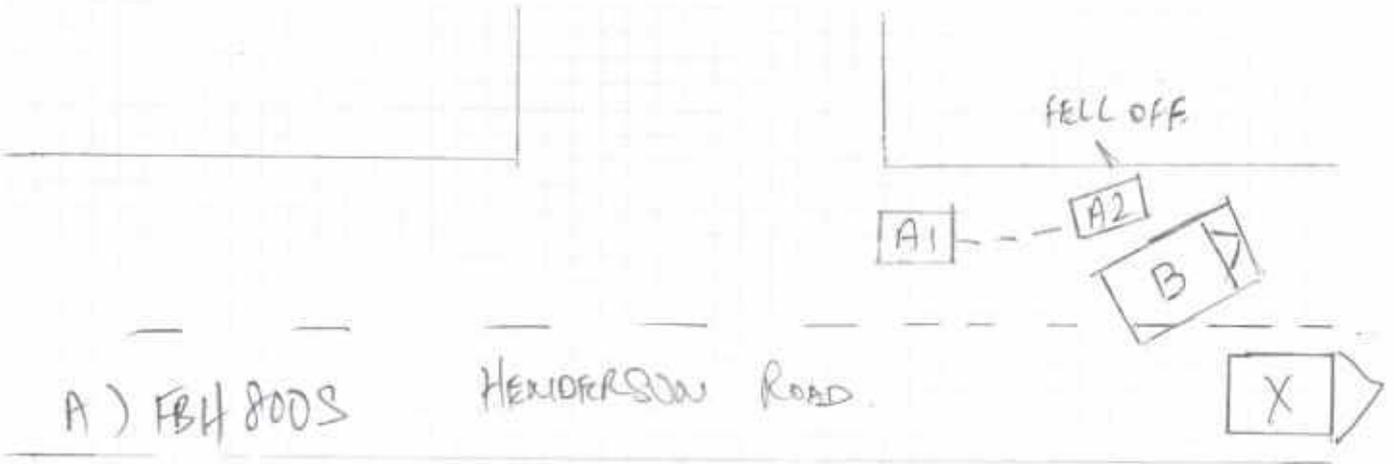

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

BUKIT MARAH JANTARONGGE



A) FBH 800S

HENDERSON ROAD

B) SLM 96330

211 HENDERSON BLDG

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO FORM T/20200603/2034

DECLARATION

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


 Policyholder's Signature
 Date & Time: 22/06/20 1425

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: (1540) (HH:MM)

LOCATION: Opposite 211 Henderson Along Jalan Bukit Merah

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: Motor Bike FXT 800S
- b) INSURANCE COMPANY: MSIG
- c) POLICY NUMBER: MSD WMT 19 - 406878 - CA
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: Kawasaki KR150K
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: Delivery
- 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: Mohamed Noor Bin Mohamed Harish (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S9527158H CONTACT: 88307389
- c) ADDRESS: Blk 916, Jurong West St 91, #10-164 S(640916)

* 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: (27 / 07 / 1995) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 21/02/2018

- 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: Traffic Police

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SLM 9638 D MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passengers
(including driver)
(1)

No of passenger
(including driver)
()

No of passenger
(including driver)
()

email = Nooreenasha0727@gmail.com

VIDEO



SINGAPORE
POLICE FORCE



T/20200403/2034

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

2 of 3

Report No. T/20200403/2034

CONTINUATION OF REPORT

Brief Details.

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION.
I WAS TRAVELING ALONG HENDERSON ROAD ON THE LEFT OF 2 LANES WHEN I AVOIDED THE
FIRST VEHICLE THAT ENCROACHED INTO MY LANE WITHOUT SIGNALING I OVERTOOK THE
VEHICLE WHEN SUDDENLY ANOTHER VEHICLE CAME INTO MY LANE CAUSING ME TO APPLIED
EMERGENCY BRAKES AND FELL FORWARD SUBSEQUETNLY I WAS CONVEYED TO SGH. I DO
NOT HAVE THE VEHICLE PLATE OF THE CAR INFRONT AS I WAS CONVEYED TO THE HOSPITAL.



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

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: TP / BERNARD KOH REN JUN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 03/04/2020 13:24
Officer In Charge Of Case: TP / GIT / Sgt 3 MARIAH BINTE ZAKARIA Contact No.: 65476433	Classification Of Case: 

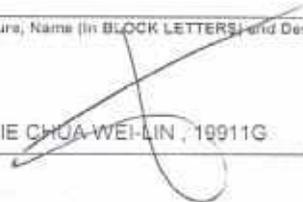
Authentication Stamp
NP168



ORIGINAL

MEDICAL CERTIFICATE

EMD2020114271

Name MOHAMED NOOR BIN MOHAMED, HANIFA		NRIC No. S9527158H
This is to certify that the above-named is unfit for duty for a period of inclusive <u>5</u> days from <u>02-Apr-2020</u> to <u>06-Apr-2020</u>		
Type of medical leave granted:		
<input type="checkbox"/> Hospitalization Leave	<input checked="" type="checkbox"/> Outpatient Sick Leave	
Admitted on: _____	<input type="checkbox"/> Maternity Leave;	Delivered on: _____
Discharged on: _____	<input type="checkbox"/> Sterilization Leave;	Operated on: _____
This certificate is not valid for absence from court attendance.		
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>		
The above-named patient attended my clinic at <u>N.A.</u> and left at <u>N.A.</u> No medical leave is necessary.		
Diagnosis	Surgical Operation (if applicable)	
Comments :		
Hospital/Clinic Emergency Medicine Singapore General Hospital	Ward No. Emergency Department Date 02-Apr-2020	Signature, Name (in BLOCK LETTERS) and Designation/MCR No.  TALLIE CHUA WEI-LIN, 19911G



MSIG

MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212G)
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: 29/11/2019

AGENCY: A0074-001-10110
COMMERCIAL AGENCY PTE LTD

POLICY NO: MSD/VMT/19-406878-CA

INSURED:

NAME: MOHAMED NOOR BIN MOHAMED HANIFA
ADDRESS: 230 WESTWOOD AVE
#03-27
SE 648359

NRIC NO: S9527158H
DATE OF BIRTH: 27/07/1995 (24 yrs)
DRIVING EXP: 21/02/2018 (1 yr)
CONTACT NO: 96673230

BUSINESS OR PROFESSION: GRABFOOD RIDER (COMM USE)

PERIOD OF INSURANCE FROM: 25/11/2019 10:43AM **TO** 24/11/2020

REGISTRATION NUMBER: FBH800S

CUBIC CAPACITY: 148

MAKE OF VEHICLE: KAWASAKI

YEAR OF REGISTRATION: 2003

INSURED ESTIMATE OF VALUE: TPL

SEATING CAPACITY: 2

AUTHORISED DRIVERS:

THE INSURED ONLY.

ENDORSEMENTS APPLICABLE: 3P 97 - INSURED

PREMIUM: 330.00

EXCESS:

GST @ 7%: 23.10

TOTAL: 353.10

NO CLAIM BONUS OF 0% IS ALLOWED

**NAME OF EMPLOYER AND/OR
HIRE PURCHASE OWNER:**

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