

NATIONAL Assessment Centre Services.

(part 1 of 2)

NA2005479

Date In: 20/06/2020 16:59
Ref No: NBSA/M86200567664
Veh No: FBS 7233A
O.O.A: 20/06/2020 07:40

(1) - TP - Reporting Only

TP Insurer:

Job description
SAS e-filing
E-mail (E-judge then, A/C then)
I-Motor Claim Form
I-Motor W/O (W/dia: OD then, TP then)
I-Photo Uploaded
Assessment/Survey Report
Ass't Report by Fax / Hand to Owner/VHISZ

Done by

Preferred Wkep / INC Assgn Wkep / OW: (

Tel:

Fax:

TP Particulars:

Veh No:

UNKNOWN CAR

INC () / Non-INC ()

Tel:

Owner / Driver (

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 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:

NA2003408

Driver/Owner:

Contact No:

Burnage Portion:

QC Checked by (Engr-In-Charge):

Vehicle Condition:

Notes:

| 1) ART: Accident Reporting (\$30) | INC (\$10) | |
|---|------------|--|
| 2) DA: Damage Assessment (\$100) | INC (\$10) | |
| 3) TP: Towing Fee | \$120 | |
| 4) PT: Follow-Through Survey | \$30 | |
| 5) PP: Follow-Through Survey (Resurvey) | \$30 | |
| For claim against INC Only (over 10 Jan 2005) | \$75 | |
| 6) TR: Re-inspection | \$160 | |
| 7) NI: Idea DA + EMRT Survey | | |
| 8) NTUC Additional Services | | |
| OR: | | |
| • NI: Courtesy Car / Tpl Allowance | \$3 | |
| • NI: Tpl Coordination | \$10 | |
| • NI: Post Repair Inspection | \$25 | |
| • NI: DV / Collect Towing Coordination | \$3 | |
| • TP (NI) / TP (NI) INC: replace INC | \$30 | |
| 2) NI: Idea Mobile | | |
| Invoice dated | | |
| Invoice dated | | |

Fee Charged
Fee Charged

NA2003408

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 26/06/2020 16:59
Date Of Accident 24/06/2020 07:40
Exact Location Of Accident JUNCTION OF YISHUN AVENUE 5 AND SEMBAWANG ROAD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBJ2233A
Insured/Policyholder
Name Of Registered Owner HUSSEIN BIN SIKIN
NRIC No SXXXX309C
Email Address HUSSEINSIKIN2004@YAHOO.COM.SG
Mobile Phone No (LOCAL) +65-96161040
Alternative Phone No OTHERS-96161040

Vehicle Particulars

Manufacturer YAMAHA
Model FZ150-150CC
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 REPORTING ONLY
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/20-508123-WTT
Cover Note Number

Driver

Name of Driver HUSSEIN BIN SIKIN
NRIC No SXXXX309C
Date Of Birth 12/01/1963
Occupation INDOOR
Date Of Driving Pass 08/12/1986
Driving Experience 33 YEARS AND 6 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-96161040
Fax Number
Contact Number OTHERS-96161040
Email Address HUSSEINSIKIN2004@YAHOO.COM.SG

| | |
|---|--|
| Address | BLK 225 CHOA CHU KANG CENTRAL #08-203 |
| Postcode | 680225 |
| 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? | 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 | CHOA CHU KANG NPC |
| Police Station Address | ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , 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/20200624/2060

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 | UNKNOWN |
| 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 HUSSEIN BIN SIKIN

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBJ2233A

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

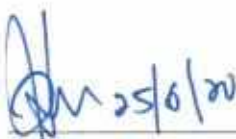
SKETCH PLAN

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

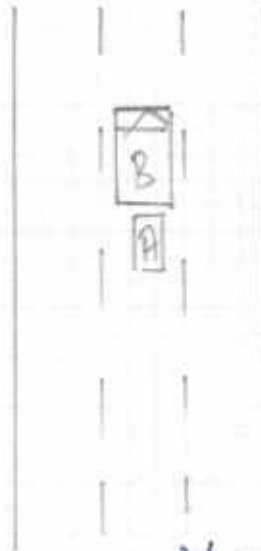
Date & Time: 04/05/20
0445PM

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


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

SKETCH PLAN

STANBOWAN ROAD



A) TBJ 3322 A

B) UNKNOWN CAR

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

YISHUM AVRE 5

REFER TO POLICE REPORT 7/20700624/2060

DECLARATION

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

[Signature] 25/6/20

Policyholder's Signature
Date & Time: 04:45 PM

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

[Signature] 26/6/2020
Reporting Centre Personnel's Signature
Name: *[Signature]*
NRIC/FIN No.:



Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 24/06/2020 15:43 | Vide Report No.: | Station Diary No.: 77 |
|--|------------------|--------------------------|

Informant's Particulars

| | | | | |
|--|------------|------------------------------|---|----------------------------|
| Name of Informant: HUSSEIN BIN SIKIN | | | Address: APT BLK 225 CHOA CHU KANG CENTRAL #08-203 SINGAPORE 680225 | |
| ID Type / ID No.: NRIC NO / S1600309C | | | Contact No.: | Mobile: 96161040 |
| Nationality: SINGAPORE CITIZEN | | | Home/Office: | |
| | | | Email: | |
| Sex: Male | Age: 57 | Date of Birth: 12/01/1963 | Type of Informant: Driver | |
| Race: Javanese | | | Language: | Institution / School Name: |
| Occupation: Electronics engineering technician (general) | | | Driving Licence Information: Class: 2B,3 | Date of Expiry: |

General Information of the Accident

| | | | | |
|--|---------------------------|---------------------------------|---|------------------------------|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 24/06/2020 07:40 | Type of Location: X-Junction |
| Location: Along Road 1 YISHUN AVENUE 5 SEMBAWANG ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: Two Way | | Traffic Control: Not Controlled | Traffic Volume: Moderate | |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | Anyone conveyed by ambulance: Yes | |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|--------|-------|-------|---------------------|-----------------|
| FBJ3322A | Motorcycle | YAMAHA | FZ 16 | Black | Slightly Damaged | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|---|--------------|------------|-------------|
| FBJ3322A | MSIG INSURANCE (SINGAPORE) PTE. LTD. | 60902300 | 21/03/2020 | 20/03/2021 |



**SINGAPORE
POLICE FORCE**



T/20200624/2060

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

2 of 3

Report No. T/20200624/2060

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|-------------------------|--|------------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | HUSSEIN BIN SIKIN | ID No. | S1600309C |
| Related Vehicle | FBJ3322A (Motorcycle) | Contact No. | 96161040 |
| Hospital/Clinic | KHOO TECK PUAT HOSPITAL | Class of Driving Licence & Expiry Date | Class: 2B,3 Date of Expiry: NIL |
| Date Treatment | 24/06/2020 | Date Discharge | 24/06/2020 |
| No. of Days granted Medical Leave | 05 | Degree of Injury | Serious |

Brief Details.

On 24/06/2020 at 0730hrs, while I was riding my motorcycle (FBJ3322A) between Sembawang Road and Yishun Avenue 5, when suddenly a car in front of me suddenly stop because the traffic light suddenly changed colour. Hence I had no time to react and collided with said car and I fell off my motorcycle, which caused me to be in a daze. There were other drivers who saw the incident and attended to me and ask me not to get up until the ambulance arrived. After 10 minutes had passed an ambulance came, they checked my injury and told me that I had to be conveyed to the hospital and at the same time Traffic police came. They told me to just go to the hospital and they will get the particulars of the other party. I was conveyed to Khoo Teck Phuat Hospital where they treated my injuries and gave me 5 days of MC. TP also seized my vehicle because I was conveyed to the hospital. I had no time to check the damage on my vehicle.

I am making this report for recording purposes.



**SINGAPORE
POLICE FORCE**



T/20200624/2060

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

3 of 3

Report No: T/20200624/2060

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:

J /

Sgt 2 MUHAMMAD 'AQIB BIN SHUKOR

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI THABAGESH JEYATHESH

Contact No.: 65476232

Signature Of Informant:

Date/Time:

24/06/2020 15:43

Classification Of Case:

Authentication Stamp

NP168

Hussein Sikin

ACCIDENT STATEMENT

ACCIDENT DATE: 24/06/20 (DD/MM/YYYY), TIME: 0740 AM (HH:MM)

LOCATION: JUNCTION (Sentulung Road and Yishu Ave 5)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PBJ 3322A
b) INSURANCE COMPANY: Motg
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: YAMAHA PZ 150
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
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: HUSSEIN B. SIKIN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1600309C CONTACT: 96161040
c) ADDRESS: 215 JCK 203 Chua Chu Kang estate
S1600309

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

* d) DATE OF BIRTH: 12/01/1963 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 31/12/1983

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: CCK NPL

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: UNKNOWN CAR 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: _____

email = hussainsikin2004@yahoo.com.sg
VIDEO



MSIG Insurance (Singapore) Pte. Ltd. (In Reg No: 1004122120)
4 Shenton Way, # 21-01, SSK Centre 2, Singapore 068807
Tel: +65 6827 7868, Fax: +65 6827 7800
msig.com.sg

W 724670

CERTIFICATE OF INSURANCE

Road Transport Act 1987 (Malaysia), Road Transport (Amendment) Act 2019 (Malaysia)
The Motor Vehicles (Third-Party Risks) Rules, 1999 (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/VNS/20-500123-WTT A0633-001/W0045

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

\$1600309C

1. Index mark and Registration Number of Vehicle FBJ3322A 153 c.c.
YAMAHA
2. Name of Policyholder HUSSEIN BIN SIXIN
3. Effective date of the Commencement of Insurance 0001AM 21/03/2020
for the purposes of the Act
4. Date of Expiry of Insurance 20/03/2021
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 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: 60902300
24/03/2020 (T)
WTT-015403/14

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