

NATIONAL Assessment Centre Services.

(part 1 Jan'05)

NA2003924

Date In: 28/01/2020 17:55	Job description	Date & Time Completed	Done by
Ref No: NA2003924	SAS e-illing		
Veh No: 17/18/5 Y	E-mail (6 jobs this, AIC this)		
D.O.A: 17/01/2020 17:15	1-Motor Claims Form		
OID: TP Reporting Only	1-Motor W/O (Within: OD this, TP this)		
	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whom		

Preferred Wkep / INC Assign Wkep / QW: (Tel:	Fax:
TP Regulator:	Veh No: SHD 7312M	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 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: ()
Damage: ()
Other: ()

NA2003924	Driver/Owner:	1) All Accident Reporting (\$30)	
Contact No:		2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:		3) TP: Towing Fee	\$40/45
TP Checked by (Engr-In-Charge):		4) PT: Follow-Through Survey	\$120
		5) PT: Follow-Through Survey (Resurvey)	\$30
		6) TR: Re-inspection	\$75
		7) NI: Ideal DA + SMRT Survey	\$160
		8) NIUC Additional Services:	
		OR:	
		• NI: Courtesy Car / Tpt Allowance	\$5
		• NI: Repair Coordination	\$10
		• NI: Post Repair Inspection	\$25
		• NI: DV / Collect Excess Coordination	\$5
		TE (NI): TP (NI) INC against LRG	\$30
		9) NI: Id. Mobile	
		Invoice dated	
		Fee Charged	
		Invoice dated	
		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	28/07/2020 17:55
Date Of Accident	17/07/2020 17:15
Exact Location Of Accident	ALONG JURONG TOWN HALL RD TWRDS JURONG GATEWAY RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FV1815Y
Insured/Policyholder	
Name Of Registered Owner	SAFARUAN BIN AS'AT
NRIC No	SXXXX854H
Email Address	SAFARUAN_@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-84817299
Alternative Phone No	OTHERS-84817299

Vehicle Particulars

Manufacturer	YAMAHA
Model	AEROX GDR155A-155CC CVT ABS
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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-19-402286-CA
Cover Note Number	

Driver

Name of Driver	SAFARUAN BIN AS'AT
NRIC No	SXXXX854H
Date Of Birth	15/11/1983
Occupation	INDOOR
Date Of Driving Pass	20/04/2009
Driving Experience	11 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84817299
Fax Number	
Contact Number	OTHERS-84817299
Email Address	SAFARUAN_@HOTMAIL.COM

Address	BLK 165 BUKIT BATOK WEST AVENUE 8 #02-270
Postcode	650165
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	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200728/2108

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	SHD7312M
Vehicle Make/Model/Colour	HYUNDAI IONIQ
Details Of Properties	
Vehicle Category	TAXI
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 SAFARUAN BIN AS'AT

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FV1815Y

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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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:

28/07/20
1935 HRS

Driver's Signature

(If driver is not the policyholder)

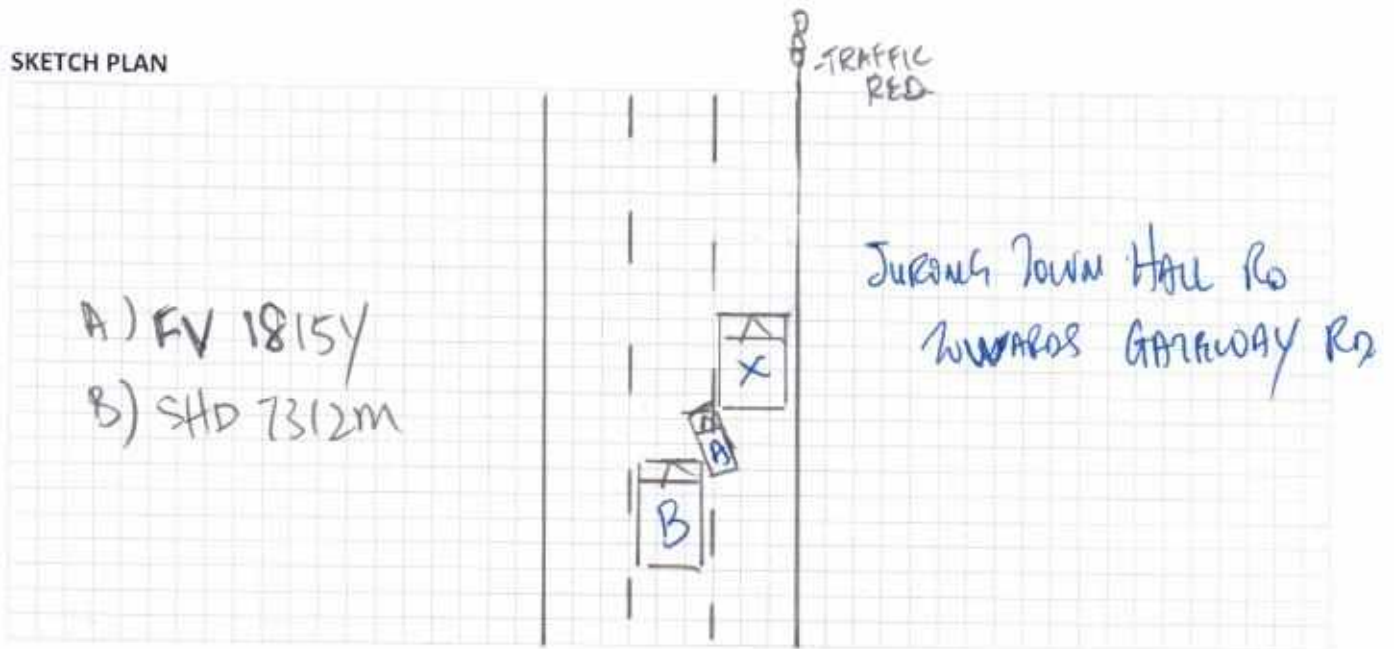
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT 1/20200728/2108.

DECLARATION

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

Policyholder's Signature

Date & Time: 28/07/20
1740 HRS

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

28/07/2020
Kee Li
1740 HRS

ACCIDENT STATEMENT

ACCIDENT DATE: 17/07/2020 (DD/MM/YYYY), TIME: 17:15 (HH:MM)

LOCATION: Along Surong Town Hall Towards Bukit Batok Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FU1815Y
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER: MS0/NMS-19-402286-CA
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: YAMAHA
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
 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: SAFARUAN BIN AS'AT (MALE / FEMALE)
 B) NRIC/FIN/PASSPORT: S8335854H CONTACT: 84817299
 C) ADDRESS: BLK 165 BUKIT BATOK WEST AVE 8
#02-270 S'PORE 650165

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: SAFARUAN BIN AS'AT (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8335854H CONTACT: 84817299
 c) ADDRESS: BLK 165 BUKIT BATOK WEST AVE 8
#02-270 S'PORE 650165

* d) DATE OF BIRTH: 15/11/1983 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 20/04/2009

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) cle

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: Queenstown N.P.C

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SAD 7312M MODEL: TAXI
 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 passenger
 (including driver)
(1)

* No of passenger
 (including driver)
(1)

* No of passenger
 (including driver)
()

Email = Safaruan@hotmail.com

VIDEO



SINGAPORE POLICE FORCE



T/20200728/2108

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

1 of 3

Report No: T/20200728/2108

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/07/2020 17:04		Vide Report No.:		Station Diary No.: 28	
Informant's Particulars					
Name of Informant: SAFARUAN BIN AS'AT			Address: APT BLK 165 BUKIT BATOK WEST AVENUE 8 #02-270 SINGAPORE 650165		
ID Type / ID No.: NRIC NO / S8335854H			Contact No.: Home/Office: Mobile: 84817299		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 36	Date of Birth: 15/11/1983	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: TECH			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/07/2020 17:15	Type of Location: Straight Road
Location: Along Road 1 JURONG TOWN HALL ROAD				
Along Jurong Town Hall Road towards Jurong Gateway Rd (JEM)				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FV1815Y	Motorcycle	YAMAHA	AEROX GDR155A CVT	Black	Slightly Damaged	0
SHD7312M	Car	HYUNDAI	AE IONIQ HEV 1.6 DCT	Blue	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20200728/2108

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

2 of 3

Report No. T/20200728/2108

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FV1815Y	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDSMT20415509	27/07/2020	26/07/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SAFARUAN BIN AS'AT	ID No.	S8335854H
Related Vehicle	FV1815Y (Motorcycle)	Contact No.	8481729
Hospital/Clinic	BUKIT BATOK POLYCLINIC	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	18/07/2020	Date Discharge	18/07/2020
No. of Days granted Medical Leave	06	Degree of Injury	Slight

Brief Details.

On 17/07/2020 at about 1715hrs, I was riding along Jurong Town Hall Road towards JEM and stopped behind a vehicle. Then I make a check on my left to look out for any incoming vehicle before I move forward. After the lane is cleared, I started to move off and out of sudden, a ComfortDelgro taxi hit onto my left side of my motorcycle. I fell on the left side of the road. I have abrasions on left shoulder, both elbows, left knee, left foot and swollen toes. There are damages on the left side of my motorcycle. The taxi driver informed me that he wanted to settle privately as he do not wish to make a report about the accident and I agreed. We left the scene.

On 18/07/2020, I went to Bt Batok Polyclinic to seek treatment and I was granted 6 days of medical leave (18/07/2020 to 22/07/2020). On 27/07/2020, I received a letter from Traffic Police (TP/IP/30615/2020) to informed me to lodge a report about the accident that took place.



**SINGAPORE
POLICE FORCE**



T/20200728/2108

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

3 of 3

Report No. T/20200728/2108

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:
D /
Sr Staff Sgt MOHAMMAD ASRI BIN MAZLAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
28/07/2020 17:04

Officer In Charge Of Case:
TP / AEIT /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168

CA 528429

MSIG

MSIG Insurance (Singapore) Pte. Ltd. (Incorporated in Singapore)
 4 Shenton Way, # 21-01, SGA Centre, Singapore 069557
 Tel: +65 6827 7900, Fax: +65 6827 7900
 msig.com.sg

CERTIFICATE OF INSURANCE

Read Transport Act 1987 (Malaysia), Road Transport (Liability) Act 1987 (Malaysia)
 The Motor Vehicles (Third-Party Risks and Compensation) Act 1930 (Singapore)
 The Motor Vehicles (Third-Party Risks and Compensation) Act 1930 (Singapore)
 For any Amendment, Act or Act passed or subsequent thereto

CERTIFICATE NO. MSQ/YRS/19-402206-CA A0174-001/10900

INTENDED USER
 LICENS 2300(FIREARMS) 1000(ENST IN)

1. Index mark and Registration Number of Vehicle FY10157 155 c.c.
2. Name of Policyholder TANNA SAFARIAN BIR AS'AT
3. Effective date of the Commencement of Insurance for the purpose of this Act 09/07/2019
4. Date of Expiry of Insurance 28/07/2020
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 2 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 Act passed or subsequent thereto.

COMMERCIAL AGENCY PTE. LTD.

Underwriting Agent
 for MSIG Insurance (Singapore) Pte. Ltd.

27/07/2019 (CG)
 CHIEF OFFICE