

NATIONAL Assessment Centre Services: [Part 1 Jan 2021] MNA 120064421

Date In: 30/7/20 15:44	Job description	Date & Time Completed	Done by
Ref No: NAI MSG 20007884144	SAS e-filing		
Veh No: FBQ 1350 U	E-mail (within 3hrs, A/C 2hrs)		
ICIA: 29/7/20 09:00	I-Motor Claim Form		
OD: <input checked="" type="checkbox"/> 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/Whsp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: GBH 4127 B.	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 ()	

General Remarks:

() 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: ()

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

Injury: _____

Date/Time	Action

NA 2003955

Claimant's Particulars:	Invoice Itemization Checklist	Amount (\$)	Remarks
Driver/Owner:	1) AR: Accident Reporting (\$30):	30.00	
Contact No:	2) DA: Damage Assessment (\$100): INC (\$50)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120		
Auditors' Comments:	5) PT: Follow-Through Survey (Resurvey) \$30		
Tel. 1:	For claiming assist INC Only (wef 10 Jan 2021)		
Tel. 2:	6) TR: Re-Inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (NI1): TP (Non INC) against INC \$20		
	9) NI2: Idao Mobile \$0		
	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	30/07/2020 15:44
Date Of Accident	24/07/2020 09:00
Exact Location Of Accident	PASIR PANJANG RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBQ1350U
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD DANISH BIN ABDULLAH
NRIC No	SXXXX863B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88746884
Alternative Phone No	OFFICE-88746884
Vehicle Particulars	
Manufacturer	YAMAHA
Model	MX KING T150-150CC
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	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	72194490
Driver	
Name of Driver	MUHAMMAD DANISH BIN ABDULLAH
NRIC No	SXXXX863B
Date Of Birth	03/08/1996
Occupation	OUTDOOR
Date Of Driving Pass	19/12/2017
Driving Experience	2 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88746884
Fax Number	
Contact Number	OFFICE-88746884
EMail Address	NOEMAIL

Address	BLK 92 HENDERSON RD #13-192
Postcode	150092
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 - MAJOR/MINOR RD
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	TRAFFIC POLICE DIVISION HQ
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

REFER TO POLICE REPORT T/20200727/7014

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	GBH4127B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	MUHAMMAD DANISH BIN ABDULLAH
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBQ1350U
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

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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.

X 

Policyholder's Signature Date
& Time:

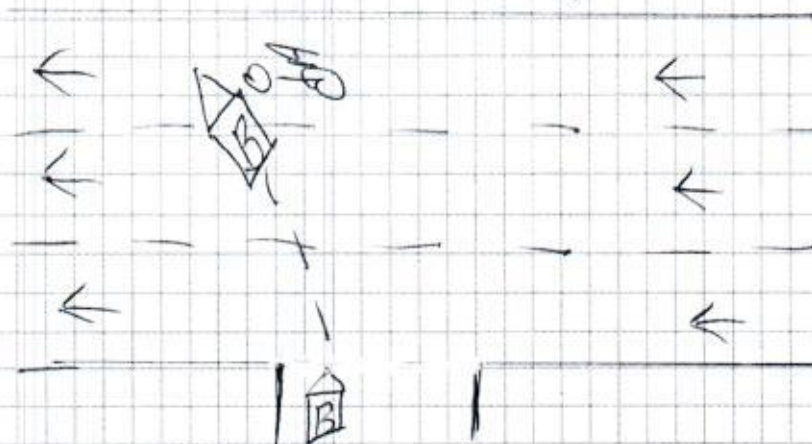
Driver's Signature
(If driver is not the policyholder) Date
& Time:



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

SKETCH PLAN

Pasir Panjang Rd.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As a police Report T/20200727/7014

DECLARATION

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

X

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.:



SINGAPORE POLICE FORCE



T/20200727/7014

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

1 of 3

Report No. T/20200727/7014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/07/2020 14:18	Vide Report No.: D/20200724/0035	Station Diary No.:
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Informant's Particulars

Name of Informant: MUHAMMAD DANISH BIN ABDULLAH			Address: APT BLK 92 HENDERSON ROAD #13-192 SINGAPORE 150092		
ID Type / ID No.: NRIC NO / S9627863B			Contact No.: Home/Office: Mobile: 88746884		
Nationality: SINGAPORE CITIZEN			Email: danwings03@gmail.com		
Sex: Male	Age: 23	Date of Birth: 03/08/1996	Type of Informant: Rider		
Race: Malay			Language: English	Institution / School Name:	
Occupation: Fire-fighting and rescue officer			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: 24/07/2020 09:00	Type of Location: Straight Road
Location: PASIR PANJANG ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBQ1350U	Motorcycle	YAMAHA	MX KING T150 MANUAL	Blue	Seriously Damaged	0
GBH4127B	Lorry					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ1350U	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72194490	31/07/2019	30/07/2020



**SINGAPORE
POLICE FORCE**



T/20200727/7014

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

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Report No. T/20200727/7014

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD DANISH BIN ABDULLAH	ID No.	S9627863B
Related Vehicle	FBQ1350U (Motorcycle)	Contact No.	88746884
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	24/07/2020	Date Discharge	26/07/2020
No. of Days granted Medical Leave	36	Degree of Injury	Serious

Brief Details.

On 24th July 2020 at about 9am, I was travelling along Pasir Panjang Road towards Keppel Road. I was on the most right lane of 3 lanes road. Out of a sudden, a lorry GBH4127B, dash out and cut into my lane abruptly. I could not stop in time and collided onto the right side of the lorry. I was conveyed by ambulance.



**SINGAPORE
POLICE FORCE**



T/20200727/7014

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

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Report No. T/20200727/7014

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 / TPB /
NOOR HIDAYAH BINTE ABDULLAH
Contact No.: 65476251


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:
27/07/2020 14:18

Classification Of Case:

**MSIG**MSIG Insurance
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 06840
Tel +65 6827 7888, Fax +65 6827 7800
msig.com.sgFor any enquiries, please call the Underwriting agent: Commercial Agency Pte Ltd
23 Kelantan Lane #02-01/02 Kim Hoe Centre Singapore 208642 Tel: 63373133**MOTOR CYCLE COVER NOTE**
(Strictly for Motor Cycle Insurance)

MSCN No : 72194490

Excess: \$300 (FIRE&THEFT) \$600 (ENDT 2K)

Agency : A0074-001-10223

Date : 31 Jul 2019

Name : MUHAMMAD DANISH BIN ABDULLAH

having proposed for insurance in respect of the Motor Cycle described in the Schedule below the risks are hereby HELD COVERED
in the terms of the Company's usual form of Third Party Fire & Theft Policy applicable thereto for the
period from 19:01PM on 31 Jul 2019 to midnight on 30 Jul 2020 unless the
cover be terminated by the Company by notice in writing in which case insurance will thereupon cease and a proportionate part of
the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDULE

Registration No.	FBQ1350U	Insured Value	prevailing Market Value
Engine No.	G3E6E0497815	C.C.	150
Chassis No.	MH3UG0750KK026203		
Year Manufactured	2019	Year of Registration	2019
Make & Model	YAMAHA [MX KING T150 MANUAL]		
Named Rider	MUHAMMAD DANIAL BIN ABDULLAH [DOB: 11 Jan 1991]		

Use only for the following purpose : social domestic and pleasure purposes and in connection with policyholder's business or profession.

CERTIFICATE OF INSURANCEI/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 the Road Transport Act, 1987 (Malaysia).**IMPORTANT**Please be informed that this cover note is issued for temporary use only and that you must exchange the cover note for the
certificate of insurance from the respective agents within 14 days hereof.

For MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurer

valid unless countersigned by Authorized Person

(Please read important information on the reverse page.)

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 24/07/2020 (dd/mm/yy)

Time of Accident: 09 : 00 (24-HR-FORMAT)

Vehicle No.: FBQ 1350U Vehicle Make & Model: _____

Exact location of Accident: Pasir Panjang Rd.

Policyholder's Name / IC No.: Muhammad Danish Bin Abdullah 596278638

Driver's Name / IC No.: _____ (As Above) ☒

Driver's Contact No.: 88746884 Company Contact No (Company Veh Only): _____

Driver's Address: _____

Email address: _____ Insurance Company: MSIG

Relationship between Owner & Driver: (Please **CIRCLE** one only)

☒ Owner / ☐ Spouse / ☐ Children / ☐ Friend / ☐ Parents / ☐ Sibling / ☐ Relative / ☐ Employee / ☐ Hirer or Others specify: _____

What do you wish to claim? (Please **TICK one only)**

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

**Exact purpose for which the vehicle
Was being used at time of accident?**

☒ Private use / ☐ Work purpose

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

***No. of Passengers (Including Driver):** 01

***Passanger Name:** _____
Name: _____

Gender: Male / Female *Passanger
Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☐ No

Any Injuries: ☐ Yes / ☐ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☐ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: GBH 4127B

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____