

NATIONAL Assessment Centre Services (Ref: JN103) MNA20084348

Date In: 28/9/20 14:24	Job description	Date & Time Completed	Done by
Ref No: MAI MSG 20010366144	SAS e-filing		
Veh No: FBQ 8456 C	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 16/9/20 07:50.	i-Motor Claim Form		
OD: <input checked="" type="radio"/> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SML 9193A	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 ()	

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 hotline: 6788 6616)	Date & Time 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	Actions

NA2005145		Invoice Preparation Checklist		Amt (\$)	Amt (\$)
				In Bill	Add Bill
Claimant's Particulars:		1) AR: Accident Reporting (\$30);		30.00	
Driver/Owner:		2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:		3) TF: Towing Fee	\$40/\$45		
Damaged Portion:		4) FT: Follow-Through Survey	\$120		
		5) FT: Follow-Through Survey (Resurvey)	\$30		
		For claiming against INC Only (wef 10 Jan 2005)			
		6) TR: Re-inspection	\$75		
		7) NI: Idac DA + SMRT Survey	\$160		
		8) NTUC Additional Services:-			
		ON:			
		*N5: Courtesy Car / Tp Allowance	\$5		
		*N6: Repair Co-ordination	\$10		
		*N7: Post Repair Inspection	\$25		
		*N8: DV / Collect Excess Coordination	\$5		
		TP (N11): TP (Non INC) against INC	\$20		
		9) N12: Idac Mobile	10		
		Invoice dated	Fee Charged		
		Invoice dated	Fee Charged		
QC Checked by (Engr-In-Charge):					
Auditors' Comments:					
Cat. 1:					
Cat. 2 / 3:					

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	28/09/2020 14:24
Date Of Accident	16/09/2020 07:50
Exact Location Of Accident	AYE TWDS JURONG AFTER NUH EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ8456C
Insured/Policyholder	
Name Of Registered Owner	ABDUL RAHIM BIN HUSSAIN SHARIFF
NRIC No	SXXXX476A
Email Address	RAHIM78KHADIJAH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93397609
Alternative Phone No	OFFICE-93397609

Vehicle Particulars

Manufacturer	YAMAHA
Model	XMAX 300-292CC
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	MSD/VMS/20-505942-WTT
Cover Note Number	

Driver

Name of Driver	ABDUL RAHIM BIN HUSSAIN SHARIFF
NRIC No	SXXXX476A
Date Of Birth	31/03/1978
Occupation	OUTDOOR
Date Of Driving Pass	13/12/2019
Driving Experience	0 YEAR AND 9 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93397609
Fax Number	
Contact Number	OFFICE-93397609
E-Mail Address	RAHIM78KHADIJAH@GMAIL.COM

Address	BLK 151 WOODLANDS ST 13 #02-807
Postcode	730151
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	3
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/20200917/2027

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	SML9193A
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 OTHER VEHICLE PROPERTY 2

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 ABDUL RAHIM BIN HUSSAIN SHARIFF
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? FBQ8456C
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode


SKETCH PLAN

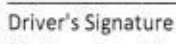
IMPORTANT NOTICE


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:

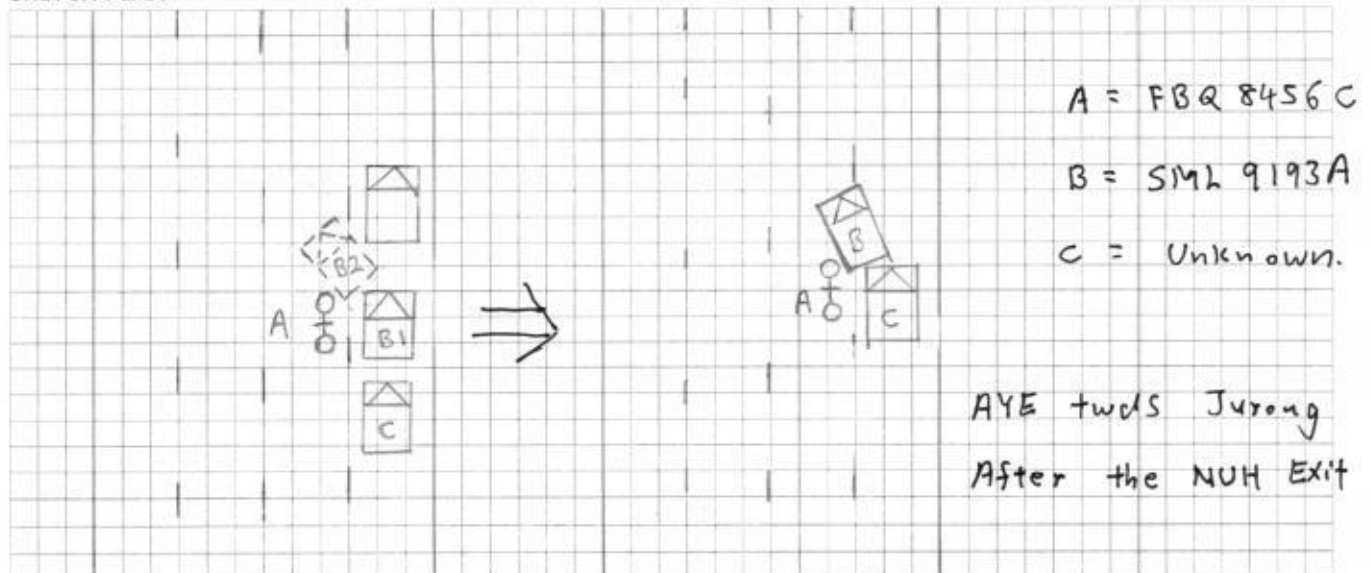
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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:


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/20200917/2027

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:
 NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20200917/2027

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

1 of 3

Report No. T/20200917/2027

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/09/2020 11:37	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: ABDUL RAHIM BIN HUSSAIN SHARIFF			Address: APT BLK 151 WOODLANDS STREET 13 #02-807 SINGAPORE 730151		
ID Type / ID No.: NRIC NO / S7809476A			Contact No.: Home/Office: Mobile: 93397609		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 42	Date of Birth: 31/03/1978	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: OTHERS			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 16/09/2020 07:50	Type of Location:
Location: AYER RAJAH EXPRESSWAY				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Heavy
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBQ8456C	Motorcycle	YAMAHA	CZD300A / XMAX300	Black		0
SML9193A	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ8456C	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDSMT20505942	24/12/2019	23/12/2020



**SINGAPORE
POLICE FORCE**



T/20200917/2027

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

Report No. T/20200917/2027

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ABDUL RAHIM BIN HUSSAIN SHARIFF	ID No.	S7809476A
Related Vehicle	FBQ8456C (Motorcycle)	Contact No.	93397609
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	TAY SOK HOON	ID No.	S1363478E
Related Vehicle	SML9193A (Car)	Contact No.	98773776
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	NIL	Degree of Injury	NIL

Brief Details.

AT THE ABOVEMENTIONED DATE AND TIME,

I WAS AT AYER RAJAH EXPRESSWAY STATIONARY ON LANE 2. THERE WAS A CAR BESIDE ME ON THE FIRST LANE WHICH HAD APPLIED THE EMERGENCY BRAKES. SUDDENLY THE CAR BEHIND THE FIRST CAR SWERVED IN ORDER TO AVOID COLLIDING WITH IT AND HIT THE SIDE OF MY MOTORBIKE. THERE WAS A THIRD CAR WHICH CAME FROM BEHIND BUT WAS NOT ABLE TO STOP IN TIME. HE HIT ONTO THE GREY CAR, DUE TO THE IMPACT THE GREY CAR MOVED FORWARD AND HIT ONTO MY MOTORBIKE AGAIN. I MANAGED TO CONTROL MY BIKE AND LAID IT DOWN.

THE EXACT LOCATION OF THIS ACCIDENT WAS ALONG AYE TOWARDS JURONG AFTER THE NUH EXIT.

THAT IS ALL.



**SINGAPORE
POLICE FORCE**



T/20200917/2027

3 of 3

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

Report No. T/20200917/2027

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 /

MUHAMMAD MOINUR RAHMAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt MOHAMMED FEROZ BIN HUSSIEN

Contact No.: 65476206

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

17/09/2020 11:37

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature: _____

**MSIG**

MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212G)
4 Shenton Way, # 21-01, SCX Centre 2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7800
msig.com.sg

MOTORCYCLE INSURANCE SCHEDULE**DATE OF ISSUE:** 13/01/2020**AGENCY:** A0633-001-W0868
WTT Insurance Agencies Pte Ltd**POLICY NO:** MSD/VMS/20-505942-WTT**INSURED:****NAME:** ABDUL RAHIM BIN HUSSAIN SHARIFF
ADDRESS: BLK 151 WOODLANDS ST 13
#02-807
S730151**NRIC NO:** S7809476A
DATE OF BIRTH: 31/03/1978 (41 yrs)
DRIVING EXP: 18/10/2016 (3 yrs)
CONTACT NO: 93397609**BUSINESS OR PROFESSION:** IMMIGRATION OFFICER**PERIOD OF INSURANCE FROM:** 24/12/2019 **TO** 23/12/2020
13:27PM**REGISTRATION NUMBER:** FBQ8456C**CUBIC CAPACITY:** 292**MAKE OF VEHICLE:** YAMAHA**YEAR OF REGISTRATION:** 2019**INSURED ESTIMATE OF VALUE:** PMV
PREVAILING MARKET VALUE**SEATING CAPACITY:** 2**AUTHORISED DRIVERS:**THE INSURED
AHMAD SAUFI BIN SHAU KAT ALI ONLY.

NRIC: S8518448B DOB: 06/07/1985 EXP: 05/01/2006 OCCP: PROJECT COORDINATOR

ENDORSEMENTS APPLICABLE: 2K 15 2C 3Q PA 94 INSURED MEMO MCFM**PREMIUM:** 305.00**EXCESS:** \$500(FIRE&THEFT) \$1000(ENDT 2K)**GST @ 7%** 21.35

ACCIDENT STATEMENT

ACCIDENT DATE: (16 / 9 / 20) (DD/MM/YYYY), TIME: (7 : 50) (HH:MM)

LOCATION: AYE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBQ 8456C
b) INSURANCE COMPANY: MSIG
c) POLICY NUMBER:
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: Private Use
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

Shariff

- A) NAME: Abdul Rahim Bin Hussain (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT: 93397609
c) ADDRESS:

* 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: (/ /) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

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: SML 9193 A MODEL:
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: Unknown MODEL:
e) DRIVER'S NAME:
f) NRIC/FIN/PASSPORT: CONTACT:

* No of passenger
(Including driver)
(1)

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

* CI

* bike.

Email =

fax =

VIDEO = No.

pd c

for capital