

NATIONAL Assessment Centre Services. (Part 1 Jan 02) MNA 120088792

Date In: 12/10/20 09:40	Job description	Date & Time Completed	Done by
Ref No: NAL MSG 20010997149	SAS e-filing		
Veh No: PBH 8005	E-mail (within 3hrs, A/C 2hrs)		
DFA: 22/9/20 19:30	I-Motor Claim Form		
UT: <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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: SDP9166P. 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: ()

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date/Time: () Action: ()

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NA2005403

Claimants Particulars: ()

Driver/Owner: ()

Contact No: ()

Damaged Portion: ()

QC Checked by (Engr-In-Charge): ()

Auditors Comments: ()

Cal. 11 ()

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Invoice Item	Amount (\$)	Amount (\$)	Amount (\$)
1) AR: Accident Reporting (\$30)		30.00	
2) DA: Damage Assessment (\$100)	INC (\$30)		
3) TP: Towing Fee	\$40/\$45		
4) FT: Follow-Through Survey	\$120		
5) FT: Follow-Through Survey (Resurvey)	\$30		
For claimants against INC Only (wef 10 Jan 2003)			
6) TR: Re-inspection	\$75		
7) NI: Idao DA + SMRT Survey	\$160		
8) NTUC Additional Services:			
ON:			
*NS: Courtesy Car / Tpt Allowance	\$5		
*NG: Repairs Co-ordination	\$10		
*NF: Post Repair Inspection	\$25		
*NB: DV / Collect Excess Co-ordination	\$5		
TE (NIL): TP (Non INC) against INC	\$20		
9) N12: 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	12/10/2020 09:40
Date Of Accident	22/09/2020 19:30
Exact Location Of Accident	TELOK BLANGAH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH800S
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Insured/Policyholder

Name Of Registered Owner	MOHAMED NOOR BIN MOHAMED HANIFA
NRIC No	SXXXX158H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84282129
Alternative Phone No	OFFICE-84282129

Vehicle Particulars

Manufacturer	KAWASAKI
Model	KR150K-148CC
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
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 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84282129
Fax Number	
Contact Number	OFFICE-84282129
EEmail Address	NOEMAIL

Address	BLK 916 JURONG WEST ST 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	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/20201007/2073

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	SDP9166P
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	MOHAMED NOOR BIN MOHAMED HANIFA
Approximate Age	
Injuries Sustain	BODY
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:

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

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

SKETCH PLAN

Entrance SPC

Signboard

A

B

Telok Blangah Rd

A = FBH 8005


B = SDP 9166 P.


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report 7/20201007/2073

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/20201007/2073

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

1 of 3

Report No. T/20201007/2073

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/10/2020 15:46		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MOHAMED NOOR BIN MOHAMED HANIFA			Address: APT BLK 916 JURONG WEST STREET 91 #10-164 NANYANG EMERALD SINGAPORE 640916		
ID Type / ID No.: NRIC NO / S9527158H			Contact No.: Home/Office: Mobile: 84282129		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 25	Date of Birth: 27/07/1995	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: OTHERS			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: 22/09/2020 19:30	Type of Location: Straight Road
Location: TELOK BLANGAH ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH800S	Motorcycle	KAWASAKI	KR150K	Silver	Seriously Damaged	0
SDP9166P	Car	MERCEDES BENZ	C CLASS 180	Beige	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH800S	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT19406878	25/11/2019	24/11/2020



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

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMED NOOR BIN MOHAMED HANIFA	ID No.	S9527158H
Related Vehicle	FBH800S (Motorcycle)	Contact No.	84282129
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	22/09/2020	Date Discharge	06/10/2020
No. of Days granted Medical Leave	33	Degree of Injury	Slight
Driver			
Name	JOLENE	ID No.	NIL
Related Vehicle	SDP9166P (Car)	Contact No.	96644033
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.

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION. I WAS RIDING ON THE STRAIGHT ROAD NEAR TO THE SPC PETROL KIOSK. I WAS ON THE MIDDLE LANE OF 3 LANES BEHIND THE CAR. I NOTICED THAT THE VEHICLE WAS MOVING SLOWLY SO I MOVED TO THE LEFT LANE. AS I WAS DRIVING ON THE LEFT LANE, THE CAR THEN MOVED INTO THE LEFT LANE WITHOUT SIGNALLING AND COLLIDED AGAINST MY RIGHT SIDE. MY BIKE MOUNTED OVER THE KERB OF THE SPC PETROL KIOSK AND HIT ONTO THE NEARBY TREE WHILE I ROLLED FORWARD. TRAFFIC POLICE AND AMBULANCE AND I WAS CONVEYED TO NUH. THE DRIVER DID NOT OFFER ANY HELP. I WAS ADMITTED FOR 2 WEEKS AND RECEIVED 33 DAYS MC. THATS ALL.

IO IN CHARGE MUHAMMAD AFIQ TEL 65476171



**SINGAPORE
POLICE FORCE**



T/20201007/2073

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

3 of 3

Report No. T/20201007/2073

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 DANIAL BIN KHAIRILAMRI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sgt 3 MUHAMMAD AFIQ BIN RAHMAT
Contact No.: 65476171

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
07/10/2020 15:46

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature: 



MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
Tel: +65 6827 7808, Fax: +65 6827 7800
msig.com.sg

MOTORCYCLE INSURANCE SCHEDULE

DATE OF ISSUE: 29/11/2019

MSO/VMT/19-406878-CA

AGENCY: A0074-001-10110
COMMERCIAL AGENCY PTE LTD

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

1
1 MOHAMED NOOR BIN MOHAMED HANIFA
ESS: 230 WESTWOOD AVE
#03-27
SE 648359

NRIC NO: 59527158H
DATE OF BIRTH: 27/07/1995 (24 yrs)
DRIVING EXP: 21/02/2018 (1 yr)
CONTACT NO: 96673230

1
1 BUSINESS OR PROFESSION: GRABFOOD RIDER (COMM USE)

1
1 PERIOD OF INSURANCE FROM: 25/11/2019 TO 24/11/2020
10:43AM

1
1 REGISTRATION NUMBER: FBH800S

CUBIC CAPACITY: 148

1
1 MAKE OF VEHICLE: KAWASAKI

YEAR OF REGISTRATION: 2003

1
1 INSURED ESTIMATE OF VALUE: TPL

SEATING CAPACITY: 2

1
1 AUTHORISED DRIVERS:

1
1 THE INSURED ONLY

1
1 ENDORSEMENTS APPLICABLE: 3P 97 - INSURED

1
1 EXCESS:

PREMIUM: 330.00

GST @ 7% 23.10

TOTAL: 353.10

1
1 NAME OF EMPLOYER AND/OR
1 HIRE PURCHASE OWNER:

NO CLAIM BONUS OF 0% IS ALLOWED

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 Ins

2020.10.10 14:56

ACCIDENT STATEMENT

ACCIDENT DATE: (22/9/20) (DD/MM/YYYY), TIME: (19:30) (HH:MM)

LOCATION: Telok Blangah Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBH 800 S.
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Kawasaki KX150K.
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

- A) NAME: Mohamed Noor Bin Mohamed Haniffa (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 84282129
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) conveyed

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Traffic Police

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SDP 9166P. 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: _____

Jini

RSPU@LKKAUTO.COM Email = noorranjini@gmail.com

fax =

video = 140.

C1