

NATIONAL Assessment Centre Services.

Ref 1 Jan 06

NA2006173

Date In: 18/11/2020 15:58	Job description	Date & Time Completed	Done by
Ref No: N/A/MS 420012721/4	SAS e-filing		
Veh No: FBC 6866P	E-mail (3 jobs 3hrs, A/C 2hrs)		
D.O.A: 17/11/2020 18:50	I-Motor Claims Form		
OID: TP Reporting Only	I-Motor W/O (W/In: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax/Hand to Owner/W/In		

Preferred Wksp / INC Assign Wksp / QW: (Tel: () / Fax: ()
TP Particulars: Vch No: SFT 2825A	INC () / Non-INC ()
Owner / Driver: ()	Tel: ()
Policy No: ()	Cover Type: ()
Period: ()	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 Refor of reprior.

() 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: ()

Driver/Owner: ()

Contact No: ()

Damaged Portion: ()

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

NA2006173	1) All Accident Reporting (\$30)	
	2) DA: Damage Assessment (\$100)	INC (\$10)
	3) TP: Towing Fee	\$120
	4) PT: Follow-Through Survey	\$30
	5) PT: Follow-Through Survey (Resurvey)	\$30
	6) TR: Re-inspection	\$75
	7) NI: IDA + EMRT Survey	\$160
	8) NTUC Additional Services	
	ON: ()	
	* NI: Courtesy Car / Tpt Allowance	\$30
	* NI: Repairs Coordination	\$25
	* NI: Post Repair Inspection	\$30
	* NI: DV / Collect Theories Coordination	\$20
	TE (NI) / TP (NI) INC: ()	\$0
	2) NI: IDA Mobile	
	Invoice dated	
	Invoice dated	
	Fee Charged	
	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	18/11/2020 15:58
Date Of Accident	17/11/2020 18:50
Exact Location Of Accident	ALONG TIONG BAHRU ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBC6866P
Insured/Policyholder	
Name Of Registered Owner	MOHAMMED NUR'ILYAS BIN MOHD JASMAN
NRIC No	SXXXX683Z
Email Address	YOSOHYAS96@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98794329
Alternative Phone No	OTHERS-98794329

Vehicle Particulars

Manufacturer	YAMAHA
Model	T135-135CC SPARK
Exact Purpose for which vehicle was being used at time of accident	GOING TO BUY DINNER
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/19-504819-WTT
Cover Note Number	

Driver

Name of Driver	MOHAMMED NUR'ILYAS BIN MOHD JASMAN
NRIC No	SXXXX683Z
Date Of Birth	03/11/1996
Occupation	OUTDOOR
Date Of Driving Pass	10/07/2015
Driving Experience	5 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98794329
Fax Number	
Contact Number	OTHERS-98794329

Address	BLK 93 HENDERSON ROAD #02-236
Postcode	150093
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 - U-TURN
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	BUKIT MERAH WEST NPC
Police Station Address	ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 , 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/20201118/2000

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	SFJ2825A
Vehicle Make/Model/Colour	CITROEN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GOH PEI JUN GLADYS
NRIC/Passport Number	SXXXX183I
Contact Number	
Address	
Postcode	

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name

MOHAMMED NUR'ILYAS BIN MOHD JASMAN

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBC6866P

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

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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: 18/11/20
1553 HRS

Driver's Signature

(If driver is not the policyholder)

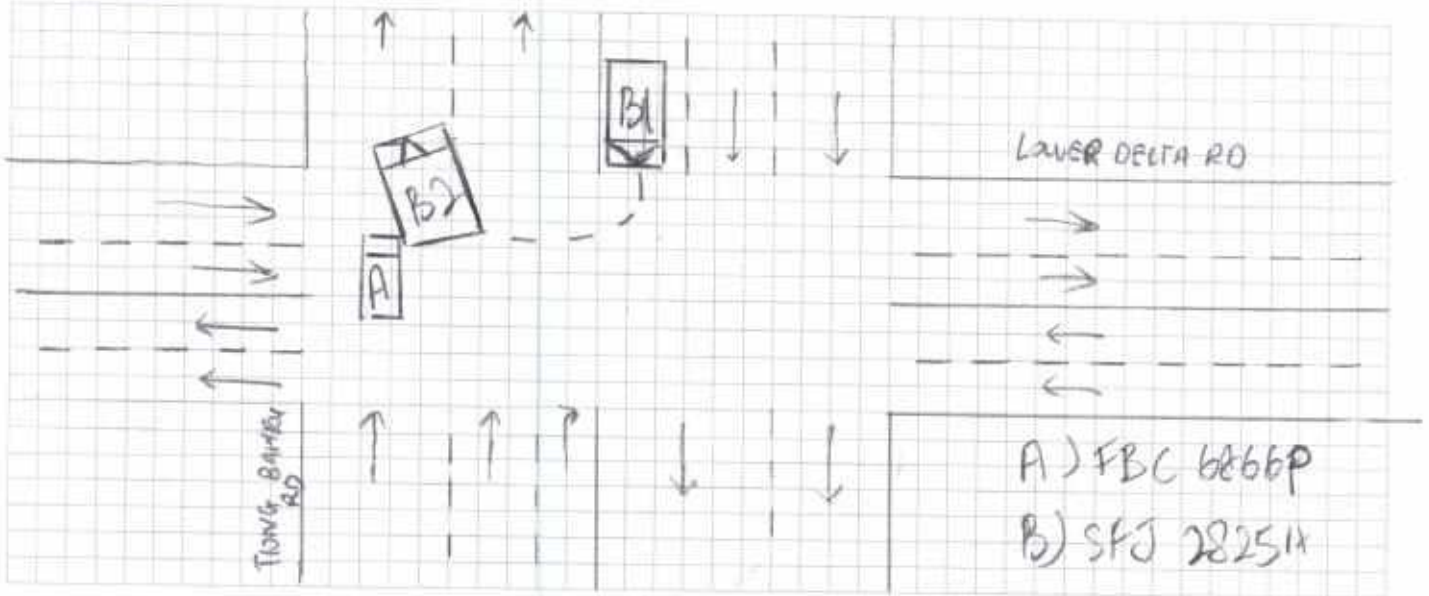
Reporting Centre Personnel's Signature

Name:

18/11/2020

K821 10/11/20

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT 7/20201118/2000

A large blue checkmark is drawn across the entire section.

DECLARATION

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


18/11/20
ISS3 MRS


18/11/2020
Ref 2 MRS

ACCIDENT STATEMENT

ACCIDENT DATE: 18 / 11 / 2020 (DD/MM/YYYY), TIME: 18 : 50 (HH:MM)

LOCATION: TIONG BAHRU RD - LOWER DELTA RD X-JUNCTION

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBC6866P
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER: MSD/VNT/19-504819-WTT
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: YAMAHA T135
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: TO BUY DINNER
 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: MOHAMMED KUEILUAS BIN MOHD JASMAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S96346832 CONTACT: 95794329
 c) ADDRESS: 93 HENDERSON ROAD # 02-236 S(150093)

* 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: 03 / 11 / 1996 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 10/07/15

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 DRY)

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: BUKIT MERAH WEST

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SF52825 MODEL: CITREON
 b) DRIVER'S NAME: GOM PEI JUN GLADYS
 c) NRIC/FIN/PASSPORT: S8707183I CONTACT: 91523201

9. THIRD PARTY VEHICLE

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

* No of passenger
 (Including driver)
(00)

* No of passenger
 (Including driver)
(01)

* No of passenger
 (Including driver)
()

email = Yasohias96@gmail.com

VIDEO



Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/11/2020 00:06	Vide Report No.:	Station Diary No.: 1
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Informant's Particulars			
Name of Informant: MOHAMMED NUR'ILYAS BIN MOHD JASMAN		Address: APT BLK 93 HENDERSON ROAD #02-236 SINGAPORE 150093	
ID Type / ID No.: NRIC NO / S9639683Z		Contact No.: Home/Office: Mobile: 98794329	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 24	Date of Birth: 03/11/1996	Type of Informant: Rider
Race: Malay		Language: English	Institution / School Name:
Occupation: PRIME MOVER		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: 17/11/2020 18:50	Type of Location: X-Junction
Location: TIONG BAHRU ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBC6866P	Motorcycle	YAMAHA	T135	Red	Seriously Damaged	0
SFJ2825A	Car	CITROEN		Red	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBC6866P	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT19504819	05/11/2019	04/12/2020



Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMMED NUR'ILYAS BIN MOHD JASMAN	ID No.	S9639683Z
Related Vehicle	FBC6866P (Motorcycle)	Contact No.	98794329
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	17/11/2020	Date Discharge	17/11/2020
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	GOH PEI JUN GLADYS	ID No.	S8707183I
Related Vehicle	SFJ2825A (Car)	Contact No.	NIL
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 17/11/2020 at about 6.50pm I was riding my motorbike (FBC6866P) and I was travelling along Tiong Bahru Rd lane 2 towards the direction of Tiong Bahru Plaza.

While I was moving straight crossing the junction of Tiong Bahru Rd and Lower Delta Rd I collided to a car (SFJ2825A) which was trying to do a U-turn.

I fell to the ground and I stand up by myself, some passerby helped me to move my motorbike to the side. I exchanged particulars with the driver.

A male Indian driver who informed that he was driving behind me and he may be able to provide his in-car camera as evidence, his contact number is 90250584.

I went to SGH to seek medical treatment and was given 4 days MC, I felt pain on my right wrist, abrasion on my left hand and left leg and a swollen lip.

I had a further medical appointment to check on my right wrist at SGH.



**SINGAPORE
POLICE FORCE**



T/20201118/2000

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

3 of 4

Report No. T/20201118/2000

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20201118/2000

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

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Report No. T/20201118/2000

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 /
Sgt 1 ONG JING WEI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
18/11/2020 00:06

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt SYED ZAYID MUHAMMAD BIN
SYED ABDUL WAHID ALHINDUAN
Contact No.: 65476404

Classification Of Case:

Authentication Stamp
NP168

SN 45

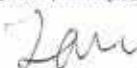
SIGNATURE



ORIGINAL

MEDICAL CERTIFICATE

EMD2020363696

Name MOHAMMED NUR'ILYAS BIN MOHD, JASMAN		NRIC No. S9639683Z
This is to certify that the above-named is unfit for duty for a period of inclusive, <u>4</u> days from <u>17-Nov-2020</u> to <u>20-Nov-2020</u>		
Type of medical leave granted : <input type="checkbox"/> Hospitalization Leave Admitted on : _____ Discharged on : _____ <input checked="" type="checkbox"/> Outpatient Sick Leave <input type="checkbox"/> Maternity Leave, Delivered on : _____ <input type="checkbox"/> Sterilization Leave, Operated on : _____		
This certificate is not valid for absence from court attendance.		
Fit for light duty from <u>N.A.</u> to <u>N.A.</u> Time Chit: Time in <u>N.A.</u> Time out <u>N.A.</u>		
Diagnosis		Surgical Operation (if applicable)
Comments :		
Hospital/Clinic Emergency Medicine Singapore General Hospital	Ward No. Emergency Department Date 17-Nov-2020	Signature, Name (in BLOCK LETTERS) and Designation/MCR No.  SYED ZAIN HAIDER, 61513G

CERTIFICATE OF INSURANCE

Road Transport Act 1987 (Malaysia), Road Transport (Amendment) Act 2019 (Malaysia)
The Motor Vehicles (Third-Party Risks) Rules, 1959 (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/VNT/19-504819-WTT A0633-001/W0870

SUM INSURED : TPL
EXCESS : NIL

1. Index mark and Registration Number of Vehicle S9639683Z
FBC6866P
2. Name of Policyholder YAMAHA 135 c.c.
MOHAMMED NUR'ILYAS BIN MOHD JASMAN
3. Effective date of the Commencement of Insurance
for the purposes of the Act
4. Date of Expiry of Insurance 1409PM 05/11/2019
04/12/2020
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 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."