

NATIONAL Assessment Centre Services.

Ref: 1 Jan 001. **MHA 10102365**

Date In: 18/11/2020 15:21	Job description	Date & Time Completed	Done by
Ref No: 188/MSG200/27214	SAS e-filing		
Veh No: 1X988Z	E-mail (by date time, A/C time)		
D.O.A: 16/11/2020 19:30	I-Motor Claims Form		
OD: TP Reporting Only	I-Motor W/O (Withlet OD 3hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/ Hand to Owner/Whizz		

Preferred Wkep / INC Assign Wkep / QW: (Tel:	Fax:
TP Principal/s: (Veh No: 8M3 810Z	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: _____

Date: _____

Time: _____

Location: _____

Weather: _____

Witness: _____

Police: _____

Insurance: _____

Other: _____

NA006663

Driver/Owner:	1) All Accident Reporting (\$30)	INC (\$10)
Contact No:	2) DA: Damage Assessment (\$100)	\$45/45
Damaged Portion:	3) TP: Towing Fee	\$110
QC Checked by (Engn-In-Charge):	4) PT: Follow-Through Survey	\$30
	5) PF: Follow-Through Survey (Resurvey)	\$30
	6) TR: Re-inspection	\$75
	7) NI: Idea DA + EMRT Survey	\$160
	8) NTUC Additional Services:	
	ON:	
	* NS: Courtesy Car / Tpl Allowance	\$3
	* NS: Repairs Coordination	\$10
	* NS: Post Repair Inspection	\$25
	* NS: DV / Collect Excess Coordination	\$3
	TE (NI) / TP (Non INC) against DGE	\$10
	9) NI: Idea Mobile	
	Invoice dated	
	Invoice dated	

Fax Charged
Fax 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 15:21
Date Of Accident	16/11/2020 19:30
Exact Location Of Accident	ALONG COMMONWEALTH AVENUE WEST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FX9888Z
Insured/Policyholder	
Name Of Registered Owner	SYED MOHAMED BIN SAID OMAR
NRIC No	SXXXX375E
Email Address	SYDMOHD@YAHOO.COM
Mobile Phone No	(LOCAL) +65-91153681
Alternative Phone No	OTHERS-91153681

Vehicle Particulars

Manufacturer	PIAGGIO
Model	X9 200-198CC EVO (A)
Exact Purpose for which vehicle was being used at time of accident	GOING HOME
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/20-505946-WTT
Cover Note Number	

Driver

Name of Driver	SYED MOHAMED BIN SAID OMAR
NRIC No	SXXXX375E
Date Of Birth	26/12/1966
Occupation	OUTDOOR
Date Of Driving Pass	09/05/1988
Driving Experience	32 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91153681
Fax Number	
Contact Number	OTHERS 91153681

Address	BLK 130B LORONG 1 TOA PAYOH #37-512
Postcode	312130
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
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

PLEASE REFER TO POLICE REPORT T/20201117/7029

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	SMJ870Z
Vehicle Make/Model/Colour	HONDA FREED
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NADYA UMAIRAH BINTE MOHAMMAD FAIRUZ
NRIC/Passport Number	SXXXX263H
Contact Number	93826402
Address	
Postcode	

Nature Of Damage

No. Of Passenger (Including Driver)

2

DETAILS OF INJURED PERSON 1

Name

SYED MOHAMED BIN SAID OMAR

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FX9888Z

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

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: 14:25

18/11/2020

Driver's Signature

(If driver is not the policyholder)


Reporting Centre Personnel's Signature

Name:

SKETCH PLAN

Clementi Ave 2

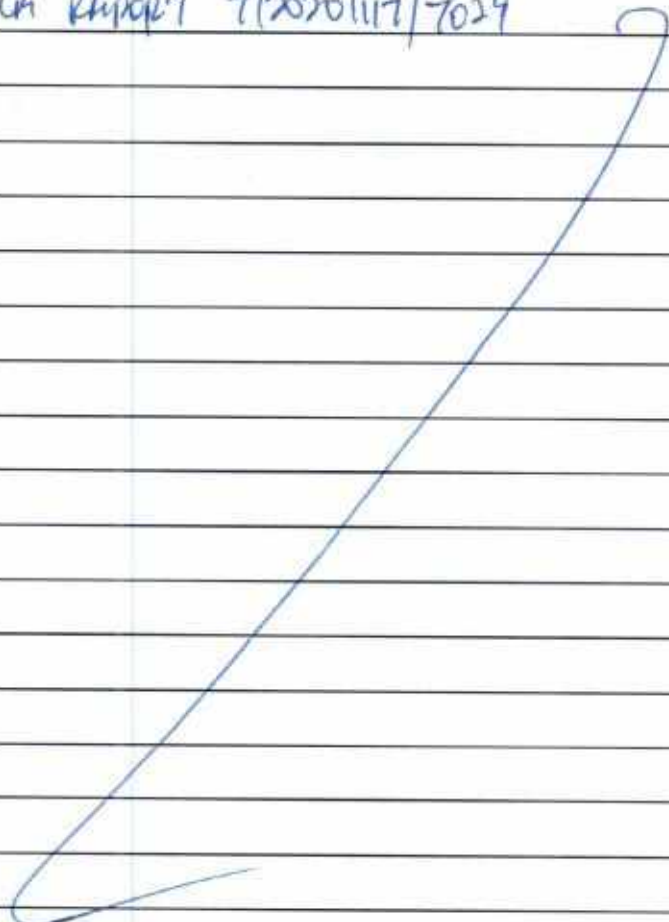


A) motorcycle FX 9888Z

B) car SMJ870Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT 7/20201117/7029



DECLARATION

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

[Signature]

14.25
18/11/2020

[Signature] 18/11/2020
Ref: 7029

ACCIDENT STATEMENT

ACCIDENT DATE: 16/11/2020 (DD/MM/YYYY), TIME: 19:30 (HH:MM)

LOCATION: Commonwealth Avenue West

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FX 9888 Z
b) INSURANCE COMPANY: MSIG
c) POLICY NUMBER: MSD/VMT/20-505946-WTT A0633-001/W0806
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: PIAGGIO X9 200
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Going Home
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: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Syed Mohamed Z. Said Omer (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S175537EE CONTACT: 91153681
c) ADDRESS: BLK 130B Lorong 1 TGA PATAH #39-512 Spore 312130

* d) DATE OF BIRTH: 26/12/1986 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 27/01/1987

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner

5. a) WEATHER CONDITIONS: (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 10 Ubi Ave 3

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMS 870 Z MODEL: Honda Freed
b) DRIVER'S NAME: Nadya Umairah Binte Mohammad Fairuz
c) NRIC/FIN/PASSPORT: S9819263 H CONTACT: 93826402

9. THIRD PARTY VEHICLE

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

Email = sydmohd@yahoo.com

VIDEO



SINGAPORE POLICE FORCE



T/20201117/7029

1 of 4

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

Report No. T/20201117/7029

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/11/2020 17:15		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SYED MOHAMED BIN SAID OMAR			Address: 130B LORONG 1 TOA PAYOH #37-512 SINGAPORE 312130		
ID Type / ID No.: NRIC NO / S1755375E			Contact No.: Home/Office: Mobile: 91153681		
Nationality: SINGAPORE CITIZEN			Email: SYDMOHD@YAHOO.COM		
Sex: Male	Age: 53	Date of Birth: 26/12/1966	Type of Informant: Rider		
Race: Arab			Language: English		Institution / School Name:
Occupation: Company's Driver			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/11/2020 19:30	Type of Location: X-Junction
Location: COMMONWEALTH AVENUE WEST				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 70 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FX9888Z	Motorcycle	PIAGGIO	X9 200 EVO A	Black		0
SMJ870Z	Car	HONDA	Honda Freed	Grey	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20201117/7029

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

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Report No. T/20201117/7029

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FX9888Z	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT20505946	04/01/2020	03/01/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Rider				
Name	SYED MOHAMED BIN SAID OMAR	ID No.	S1755375E	
Related Vehicle	FX9888Z (Motorcycle)	Contact No.	91153681	
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry	Class: 3A Date of Expiry: NIL	
Date	16/11/2020	Date	17/11/2020	
No. of Days granted Medical Leave	07	Degree of	Slight	
Passenger				
Name	RENNE - MASHURIE BINTE MOHTAR	ID No.	S7444240D	
Related Vehicle	SMJ870Z (Car)	Contact No.	94598039	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL	
Date	NIL	Date	NIL	
No. of Days granted Medical Leave	NIL	Degree of	NIL	
Driver				
Name	NADYA UMAIRAH BINTE MOHAMMAD FAIRUZ	ID No.	S9819263H	
Related Vehicle	SMJ870Z (Car)	Contact No.	93826402	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3A Date of Expiry: NIL	
Date	NIL	Date	NIL	
No. of Days granted Medical Leave	NIL	Degree of	NIL	



**SINGAPORE
POLICE FORCE**



T/20201117/7029

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

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Report No. T/20201117/7029

CONTINUATION OF REPORT

Brief Details.

On 16/11/2020 at 0730pm, while I was riding along Commonwealth Avenue West Road towards Boon Lay Way slowing down from 25km/h to 20km/h approaching an X Junction at Clementi Ave 2 traffic light which shows red. Suddenly there was car (plate number: SMJ870Z, Grey Color, model: Honda Freed, Driver particular: Nadya Umairah Binte Mohammad Fairuz, S9819263H, Blk 331 Bukit Batok Street 33 #01-217 Hp: 93826402) which initially at a complete stop behind 2 cars (the car involved is the 3rd car before traffic light) made a sudden change lane as it turns to the left to switch to the third lane. I was on the utmost left lane and the lane is empty.

I was the only vehicle riding on the third lane and thus i continue to ride towards traffic light and as such the car side swipe me and hit my motorcycle and I fell to the ground. My motorcycle right side of the body is damaged(dented and cracked) and the car left front wheel and the bumper were dented.

At that moment when the accident occurred, i am conscious and as such i rode back home. However, when i reached home about an hour later, I felt giddiness and felt sharp pain on my right shoulder and pain on my neck. My son, Syed Rashidee Bin Syed Mohamed Hp: 81812077, was at home and immediately brought me to Tan Tock Seng hospital.

I was warded for 1 day and was given 7 days of MC(hospitalisation leave) and to come back 2 weeks later for appointment with doctor. There is no one injured except for myself. The car has one passenger who is the mother to the driver, (Renny - Mashurie Binte Mohtar S7444240D Blk 331 Bukit Batok Street 33 #01-217 Hp: 94598039.)



**SINGAPORE
POLICE FORCE**



T/20201117/7029

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

4 of 4

Report No. T/20201117/7029

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

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:
17/11/2020 17:15

Classification Of Case:



MSIG

W 722034
MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212Q)
 4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
 Tel +65 6827 7888, Fax +65 6827 7800
 msig.com.sg

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/20-505946-WTT A0633-001/W0806**

SUM INSURED : **TPL**
 EXCESS : **NIL**

S1755375E
FX98881

1. Index mark and Registration Number of Vehicle **PIAGGIO** **198 c.c.**
2. Name of Policyholder **SYED MOHAMED BIN SAID OMAR**
3. Effective date of the Commencement of Insurance for the purposes of the Act **0001AM 04/01/2020**
4. Date of Expiry of Insurance **03/01/2021**
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 in the Motor Vehicle Act 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.

HIRE-PURCHASE

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 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.

26/12/2019 (W)
 WTT-G-0404141

WTT INSURANCE AGENCIES PTE LTD
 Underwriting Agent
 For MSIG Insurance (Singapore) Pte. Ltd.