

NATIONAL Assessment Centre Services

Date In: 28/12/20	Job description	Date & Time Completed	Done by
Ref No: NA/MS620014550/13	SAS e-filing		
Veh No: SGF 4400M	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 10/11/20 0815	i-Motor Claim Form		
OD: TP: 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: XE38413 (TRC/NOA)	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

Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments: Cat. 1: Cat. 2 / 3:	Invoice Preparation Checklist		Amt (\$) Int Bill	Amt (\$) Add Bill
	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$30)			
	3) TF: Towing Fee \$40/\$45			
	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) N1: Idao 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: Idao Mobile \$30				
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 Submission	28/12/2020 17:09 (SGT)
Date of Accident	10/11/2020 08:15 (SGT)
Exact Location of Accident	Tanjong Kling Rd, Singapore
Additional Location Information	JURONG ISLAND CHECKPOINT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGF4400M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SYED ABDULLAH IBN OMAR ALSAGOFF
NRIC No	SXXXX921C
Email Address	nimshyh@gmail.com
Mobile Phone No	(Phone) +65-91897573
Alternative Phone No	+65-91897573

VEHICLE PARTICULARS

Manufacturer	Honda
Model	CIVIC
Variant	-
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 - Reporting only
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	MSIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	A 300300738 QMX
Cover Note Number	-

DRIVER

Name of Driver	SYED NA'EL BIN SYED AHMAD ALMUSHAYAH
NRIC No	SXXXX745J
Date Of Birth	17/11/1988
Occupation	Outdoor



Date Of Driving Pass	16/03/2011
Driving experience	9 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92259511
Alt. Phone Number	-
Email Address	nlimshyh@gmail.com
Address	BLK 103 BEDOK NORTH AVE 4
Address complement	#07-2022
Postcode	460103
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Relative
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	RIYANDA
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

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	XE3841J(TRC140A)
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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 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.
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

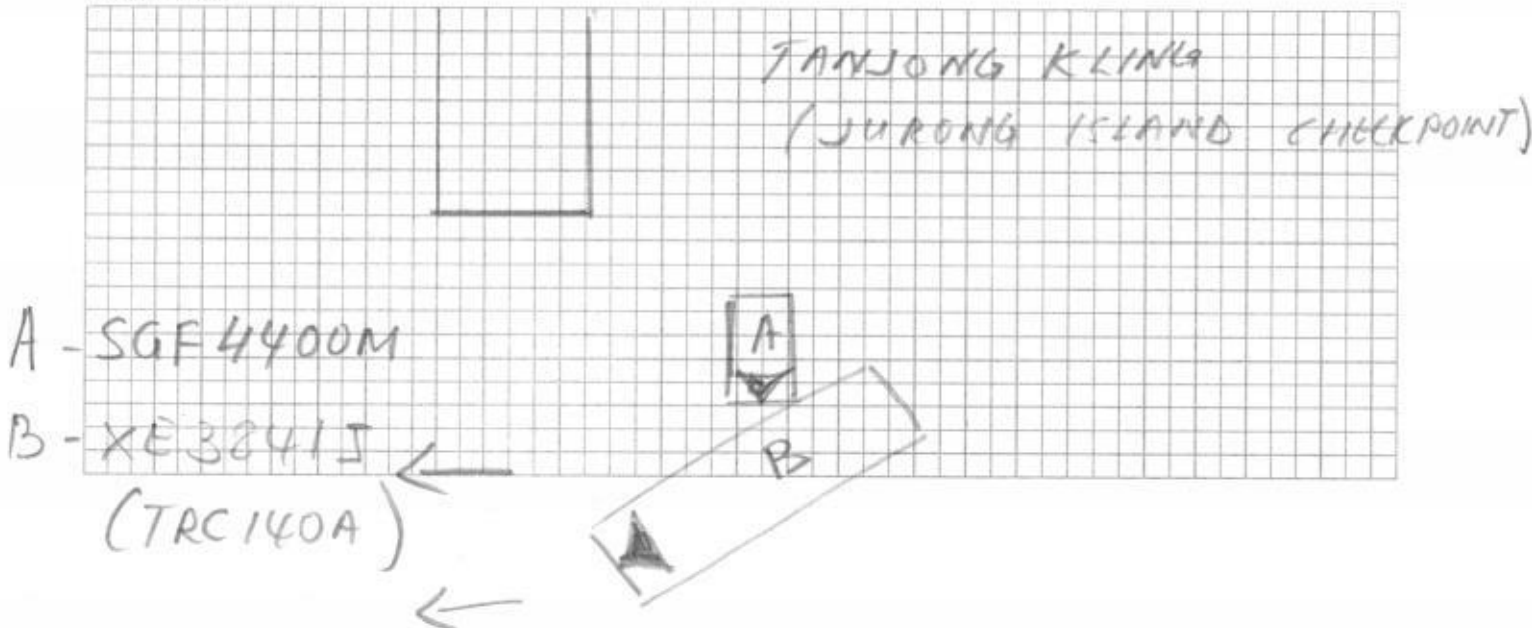
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan




Describe Circumstances of the Accident

On my way back home from work 10/11/20 at around 8.15am
at Gwraldy Island Checkpoint I intended to turn right,
but judge it was not safe to do so. So I brake and my
car was stationary but because the trailer was long,
the back tyre hit my left bumper.


Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

 28/12/20 12:55

Driver's Signature (if driver is not the policyholder) / Date
& Time

 28/12/20

Witnessed by Reporting Centre
Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (10/11/2012) (DD/MM/YYYY), TIME: (8:15) (HH:MM)

LOCATION: TANDONG KILAU (JURONG ISLAND C'POINT)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: S9F4400M
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER: A300300738 QMX
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: HONDA CIVIC (A) 1799 CC
 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: SYED ABDULLAH IBN OMAR (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7825921C CONTACT: 91897573
 c) ADDRESS: ALSAQOFF

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: SYED NA'EL BIN SYED AHMAD ALMUSHAYAH (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8846745J CONTACT: 92259511
 c) ADDRESS: BLK 103 BEDOK, NORTH AVE 4
#07-2022 (460103)

*d) DATE OF BIRTH: (17/11/1988) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 16/03/2011

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

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:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: TRC140A (XE3841J) 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: _____

*No of passengers
 (Including driver)
(2)

Riyanda (m)

*No of passenger
 (Including driver)
()

*No of passenger
 (Including driver)
()

Email =

fax =

video =

**MSIG**

MSIG Insurance (Singapore) Pte. Ltd.
40 Raffles Place, #21-01, SGX Centre 2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7800
Co.Reg No. 200412212G GST Reg. No. 20-0412212G
A Member of **MS&AD** INSURANCE GROUP

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.

**MOTORMAX
Comprehensive**

Certificate No. A 300300738 QMX

Excess : SGD700

Windscreen Excess : SGD100

1. **Index Mark and Registration Number of Vehicle**
SGF4400M
2. **Name of Policyholder**
Syed Abdullah Ibn Omar Alsagoff
3. **Effective Date of the Commencement of Insurance for the purposes of the Act**
11/04/2020
4. **Date of Expiry of Insurance**
10/04/2021
5. **Persons or Classes of Persons entitled to drive***
Syed Abdullah Ibn Omar Alsagoff
Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.

* Provided that the person driving is permitted in accordance with the licensing or other laws or 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.
6. **Limitations as to Use ***
Use only for social domestic and pleasure purposes and for the Policyholder's business. The Policy does not cover use for hire or reward racing pace-making reliability trial speed-testing the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

* Limitations rendered Inoperative by Section 8 of the Motor Vehicles (Third-Party Risk and Compensation) Act (Chapter 189) and Chapter 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

PLEASE NOTE ALL CLAIMS RELATED REPAIR MUST BE CARRIED OUT AT ANY MSIG AUTHORISED WORKSHOP LISTED IN THE ATTACHED.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the Insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offense under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189).

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.

MSIG Insurance (Singapore) Pte. Ltd.
Approved Insurers

Craig Ellis
Chief Executive Officer

**MSIG**

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4 Shenton Way, #21-01, SGX Centre 2, Singapore 058807
Tel +65 6827 7888, Fax +65 6827 7800
Co.Reg No. 200412212G GST Reg. No. 20-0412212G
A Member of **MS&AD** INSURANCE GROUP

TAX INVOICE**Name and Address of Insured**

Syed Abdullah Ibn Omar Alsagoff
34 Chai Chee Avenue
#10-248
Singapore 461034

Invoice No : PT0000943417

Invoice Date: 08/04/2020

Account No. : 3363
Client No. : 10290300
Policy Class : MotorMax
Policy No. : A 300300738 QMX
Transaction Type : Renewal Issue
Period of Insurance : 11/04/2020 to 10/04/2021

PREMIUM DEBIT NOTE**Invoice currency (SGD)**

Gross Premium	:	749.27
GST @ 7.00%	:	52.45
Amount Due	:	801.72

Note : Cheque should be crossed and made payable to
MSIG Insurance (Singapore) Pte. Ltd.
Please quote the Invoice No. when making payment.
If payment has been made, this invoice is for your record only.

No official receipt will be printed unless payment by Cash.

Important Notice :

PREMIUM PAYMENT WARRANTY

(applicable to all business and commercial establishments)

Premium must be paid in full within 60 days from inception date of the risk. Otherwise, the Policy will be automatically terminated from the expiry of the premium warranty period. Please refer to the Premium Payment Warranty indicated in your Policy for more details.



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A Member of **MS&AD** INSURANCE GROUP

MOTORMAX RENEWAL CERTIFICATE

POLICYHOLDER INFORMATION

Name	: Syed Abdullah Ibn Omar Alsagoff	Date of Issue	: 08/04/2020
Address	: 34 Chal Chee Avenue #10-248 Singapore 461034	Policy No.	: A 300300738 QMX
		Account No.	: 3363
		Period of Insurance	: 11/04/2020 to 10/04/2021
		Premium (inclusive of GST)	: SGD801.72

RISK NUMBER 1

Insured Details

Registration No.	: SGF4400M	Year of Registration	: 2006
Make/Model	: Honda Civic 1.8L A	Capacity	: 1799 C.C.
Engine No.	: R18A11023430	Seating Capacity	: 05 (Incl. Driver)
Chassis No.	: JHMF16306S206641	Off-peak Car	: No
Financial Interest	: Tokyo Century Leasing (Singapore) Pte. Ltd. as Hire Purchase Owners		

Coverage Details

Type of Cover	: Comprehensive	Sum Insured	: Market Value at the Time of Loss
Windscreen	: Unlimited	Windscreen Excess	: SGD100
No Claim Discount	: 50%	NCD Protector	: Not Covered
Annual Premium	: SGD749.27	Good Driver Discount	: 5%
Excess	: SGD700 (Own Damage Excess)		
Authorized Driver(s)	: Syed Abdullah Ibn Omar Alsagoff Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.		

Limitations As To Use : Use only for social domestic and pleasure purposes and for the Policyholder's business. The Policy does not cover use for hire or reward racing pace-making reliability trial speed-testing the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

Clauses/Endorsements applicable to the above Risk

This Policy extends to include the following endorsements and clauses subject otherwise to the terms conditions and exceptions/exclusions of this Policy:

Automobile and Medical Assistance Services Endorsement

The Automobile and Medical Assistance Services are arranged by Us through Our appointed assistance company to assist You in an emergency caused by or arising out of the use of the Insured Vehicle within the Geographical Area unless otherwise stated.

The caller will be required to always identify themselves by their full name and Policy number.

MSIG 24 HOUR EMERGENCY HELPLINE
(65) 6337 1208