

NATIONAL Assessment Centre Services

Date In: 12/12/20	Job description	Date & Time Completed	Done by
Ref No. NA/MSG00014776/13	SAS e-filing		
Veh No: FBG4257P	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 11/12/20	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: SMP6419A 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:

NA0006611	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
		Inc Bill	Add Bill
1) AR: Accident Reporting (\$30);			
2) DA: Damage Assessment (\$100); INC (\$50)			
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 / Tpl 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	12/12/2020 16:22 (SGT)
Date of Accident	11/12/2020 10:30 (SGT)
Exact Location of Accident	Lor 22 Geylang, Singapore
Additional Location Information	LOR 22 GEYLANG TRAFFIC LIGHT JUNC
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG4257P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMED IKBAL BIN MOHAMED YUSOFF
NRIC No	SXXXX682E
Email Address	m.ikbal6@gmail.com
Mobile Phone No	(Phone) +65-91058541
Alternative Phone No	+65-91058541

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Fz16st
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	Motorcycle

INSURANCE COMPANY

Name of Insurance Company	MSIG
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	MSD/VMT/20-506743-WTT
Cover Note Number	-

DRIVER

Name of Driver	MOHAMED IKBAL BIN MOHAMED YUSOFF
NRIC No	SXXXX682E
Date Of Birth	06/11/1987
Occupation	Outdoor

Date Of Driving Pass	08/02/2013
Driving experience	7 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91058541
Alt. Phone Number	+65-91058541
Email Address	m.ikbal6@gmail.com
Address	BLK 561A JURONG WEST STREET42
Address complement	#12-1145
Postcode	641561
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Collision - Change/cross lane
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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	SMP6419D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	HO TECK LIM HAROLD
NRIC No	SXXXX592G
Contact Number	(Phone) +65-96883074
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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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

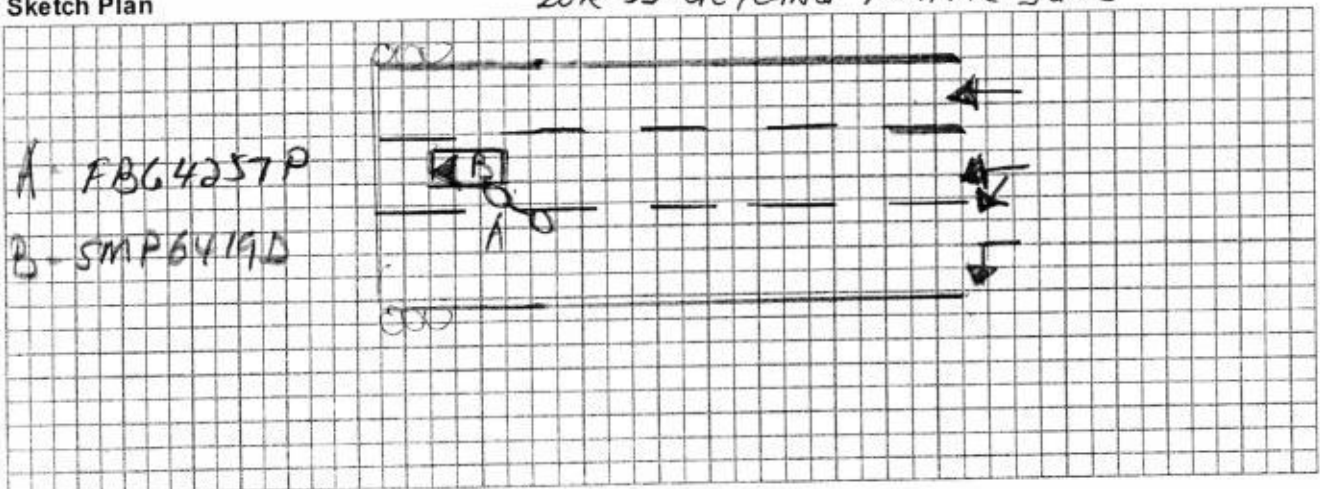
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

LOR 22 GEYLANG TRAFFIC JUNC




Describe Circumstances of the Accident

While traveling 3rd lane, signal left to go straight along for 22 geylang.
Infront of me the car turn left at the junction and I hit the
car left side of passenger side. I fall from bike from right side.
Both party no injury. Exchange particulars and details.


Declaration

We declare the foregoing particulars are true in every respect.

 11/12/2020/1621

Policyholder's Signature / Date &
Time

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

 12/12/20

Witnessed by Reporting Centre
Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (11 / 12 / 2020) (DD/MM/YYYY), TIME: (10 : 30) (HH:MM)

LOCATION: Lor 22 geylang traffic light junction

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: ABC 4257P
b) INSURANCE COMPANY: MSI
c) POLICY NUMBER: MSD/VMT/20-506743-WIT
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: _____
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 IKBAL BIN MOHAMED Yusoff (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8735682K CONTACT: 91058541
c) ADDRESS: Blk 561A, Jurong West st 42, #12-115
Sore 641561

* 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: (06 / 11 / 1987) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 7 years

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

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: SMP 6419D MODEL: Volkswagen Passat
b) DRIVER'S NAME: Ho Teck Lim Harold
c) NRIC/FIN/PASSPORT: S1672592G CONTACT: 96883074

9. THIRD PARTY VEHICLE

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

* No of passenger
(Including driver)
(1)

* No of passenger
(Including driver)
(1)

* No of passenger
(Including driver)
()

gla - unsubmitted
waiting for email
add a scene photo

Email =

fax =

video =

RSBM@L1K1Cauto.com

**MSIG**

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

MOTORCYCLE INSURANCE SCHEDULE

DATE OF ISSUE: 06/02/2020

AGENCY: A0633-001-W0872
WTT Insurance Agencies Pte Ltd

POLICY NO: MSD/VMT/20-506743-WTT

INSURED:

NAME: MOHAMED IKBAL BIN MOHAMED YUSOFF
ADDRESS: BLK 104 JALAN BUKIT MERAH
#07-1996
S160104

NRIC NO: S8735682E
DATE OF BIRTH: 06/11/1987 (32 yrs)
DRIVING EXP: 08/02/2013 (7 yrs)
CONTACT NO:

BUSINESS OR PROFESSION: ENGINEER

PERIOD OF INSURANCE FROM: 23/02/2020 00:01AM TO 22/02/2021

REGISTRATION NUMBER: FBG4257P

CUBIC CAPACITY: 153

MAKE OF VEHICLE: YAMAHA

YEAR OF REGISTRATION: 2012

INSURED ESTIMATE OF VALUE: TPL

SEATING CAPACITY: 2

AUTHORISED DRIVERS:

THE INSURED ONLY.

ENDORSEMENTS APPLICABLE: 3P PA INSURED MEMO MCFM

EXCESS:

PREMIUM: 136.00

GST @ 7% 9.52

TOTAL: 145.52

NAME OF EMPLOYER AND/OR
HIRE PURCHASE OWNER: H L CYCLE PTE LTD (34.00)

NO CLAIM BONUS OF 20% IS ALLOWED

REPLACING POLICY NO: MSD/VMT/19-998168-WTT

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 Insurers



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Approved Insurers