

NATIONAL Assessment Centre Services

(Ref: J-102)

Date In: 08/01/21	Job description	Date & Time Completed	Done by
Ref No: NA/MSG21000352/13	SAS e-filing		
Veh No: FBK15132	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 30/12/20 1845	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: SMG1641C

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

<p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:</p> <p>Dat. 1:</p> <p>Dat. 2 / 3:</p>	<p>Invoice Preparation Checklist</p>		<p>Amc (\$)</p> <p>In Bill</p>	<p>Amc (\$)</p> <p>Add Bill</p>
	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$80)			
	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) NI: 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	08/01/2021 12:50 (SGT)
Date of Accident	30/12/2020 18:45 (SGT)
Exact Location of Accident	MCE, Singapore
Additional Location Information	TWDS FORD RD/KPE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK1513Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SHIEHK ABDUL HAKIM BIN JAAFAR
NRIC No	SXXXX291G
Email Address	shiekhabdulhakim@gmail.com
Mobile Phone No	(Phone) +65-97896740
Alternative Phone No	+65-97896740

VEHICLE PARTICULARS

Manufacturer	Sym
Model	Joyride 200i
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 - Claiming third party
Vehicle Category	Motorcycle

INSURANCE COMPANY

Name of Insurance Company	MSIG
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	-
Cover Note Number	72240740

DRIVER

Name of Driver	SHIEHK ABDUL HAKIM BIN JAAFAR
NRIC No	SXXXX291G
Date Of Birth	08/09/1965
Occupation	Indoor

Date Of Driving Pass	02/07/1983
Driving experience	37 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97896740
Alt. Phone Number	+65-97896740
Email Address	shiekhabdulhakim@gmail.com
Address	BLK 537 BEDOK NORTH STREET 3
Address complement	#03-555
Postcode	460537
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 - Head to Rear
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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?	Yes
Police Station Name	Bedok North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002449999
Alt. Police Station Phone No	(Fax) +65-62447258
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210101/2035

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	SMG1641C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SHIEHK ABDUL HAKIM BIN JAAFAR
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK PAIN, ABRASION ON LEFT ELBOWS AND LEFT PALM
Injured person in which vehicle?	FBK1513Z
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

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 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

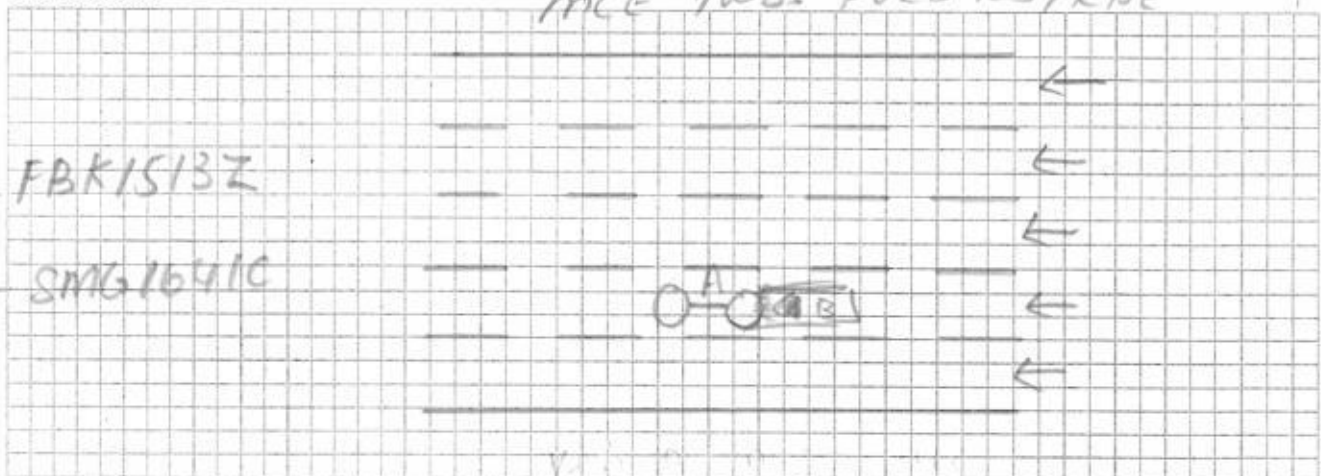
Witnessed by Reporting Centre Personnel

Sketch Plan

MCE TWO'S FORD RD/KPE

A- FBK1513Z

B- SMG1641C



Pls refer to the police report: T/20210101/2035

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

Policyholder's Signature / Date &
Time 8/1/2021

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

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20210101/2035

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

1 of 3

Report No. T/20210101/2035

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/01/2021 13:57	Vide Report No.: G/20201230/0181	Station Diary No.: 28
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Informant's Particulars

Name of Informant: SHIEHK ABDUL HAKIM BIN JAAFAR			Address: APT BLK 537 BEDOK NORTH STREET 3 #03-555 SINGAPORE 460537	
ID Type / ID No.: NRIC NO / S2188291G			Contact No.: Home/Office: Mobile: 97896740	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 55	Date of Birth: 08/09/1965	Type of Informant: Rider	
Race: Arab			Language:	Institution / School Name:
Occupation: Ambulance driver			Driving Licence Information: Class: 2B,2A,3,4 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 30/12/2020 18:45	Type of Location: EXPRESSWAY TUNNEL
Location: MARINA COASTAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK1513Z	Motorcycle	SYM	JOYRIDE 200I EVO CVT	White	Seriously Damaged	0
SMG1641C	Car				Slightly Damaged	0

Details of Vehicle Insurance

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



T/20210101/2035

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Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20210101/2035

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK1513Z	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72240740	18/04/2020	17/04/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SHIEHK ABDUL HAKIM BIN JAAFAR	ID No.	S2188291G
Related Vehicle	FBK1513Z (Motorcycle)	Contact No.	97896740
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4 Date of Expiry: NIL
Date Treatment	30/12/2020	Date Discharge	01/01/2021
No. of Days granted Medical Leave	30	Degree of Injury	Slight

Brief Details.

On the 30 December 2020 at about 1845hrs, I was riding my motorcycle bearing the plate number FBK1513Z along Marina Coastal Expressway towards Fort Road. I was riding on the fourth lane and suddenly on vehicle bearing the plate number SMG1641C collided the rear of my motorcycle.

I then fell from my motorcycle and skidded towards the road shoulder on the left. I had back pain and abrasions on my left elbows and left palm. I was conveyed to Tan Tock Seng Hospital and was admitted from 30 December 2020 to 1 January 2021. I was given 30 days medical certificate. I wish to informed that I still having back pain.

My motorcycle (FBK1513Z) was towed and had damaged on the right side of the bike. My exhaust pipe, black oil tank and the right side of my motorcycle was damaged. The other vehicle (SMG1641C) had scratches on the left front side.

I was informed by the traffic police to lodge a traffic incident report.



**SINGAPORE
POLICE FORCE**



T/20210101/2035

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

3 of 3

Report No. T/20210101/2035

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:

G /

Sgt 3 JOANNE OH HUI MIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MUHAMMAD FARHAN BIN SAIRI

Contact No.: 65476224

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

01/01/2021 13:57

Classification Of Case:



HOSPITAL INPATIENT DISCHARGE SUMMARY - PATIENT COPY

SHIEHK ABDUL HAKIM BIN JAAFAR | S2188291G | 55Y 3M | M | Others | 1220672755Z | 30-Dec-2020 | 01-Jan-2021

ADMISSION DETAILS

Admission Date: 30-Dec-2020 DOB: 08-Sep-1965 Age: 55Y 3M (as of admission)
Ward: WARD 12C Room: ROOM 07 Bed: BED 097
Patient Type: Inpatient Patient Class: Class B2
Attending Dr: OH YOONG LEONG JACOB (11546J) Medical Service Code: Orthopaedic Surgery

DISCHARGE DETAILS

Discharge Date/Time: 01-Jan-2021 14:16
Discharge Status: Patient discharged Condition at Discharge: Improved - Condition better than at time of admission

DIAGNOSIS

TRAUMA

PROCEDURE

Not Applicable

DRUG ALLERGY DATA

Adverse Drug Reaction / Drug Allergy

No drug allergy

Medical Alert

No medical alert

The drug allergy data is accurate as at 01-Jan-2021 11:07

CLINICAL SUMMARY

Follow up

Not Applicable

Discharge Medication

The discharge medication data is accurate as at 31-Dec-2020 14:17

<u>Route</u>	<u>Medication Name</u>	<u>Dosage Regimen</u>	<u>Instructions</u>
PO	Paracetamol Tab	1 g every 6 hourly when necessary 2 weeks	Pain.
PO	Etoricoxib Tab	90 mg every morning when necessary 1 week	Pain.
PO	Famotidine Tab	20 mg every morning 1 week	

Medical Certificate

No Medical Certificate issued

Future Appointment

Not Applicable

Planned Orders

By : NAH MING FOO KENNETH(P1825G)

Date : 01-Jan-2021 11:07

This is a computer-generated summary of information available and correct at point of print.
Please refer to your doctor for further information or clarification.

Printed by: NAH MING FOO KENNETH (P1825G)
Printed Date/Time: 01-Jan-2021 11:10



MEDICAL CERTIFICATE

ORIGINAL

TTSH21000094

NAME: SHIEHK ABDUL HAKIM BIN JAAFAR

NRIC: S2188291G

Type of Medical Leave granted : HOSPITALIZATION LEAVE

The above named is unfit for duty for a period of 30 day(s) from 30-Dec-2020 to 28-Jan-2021 inclusive

The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from 30-Dec-2020 19:51 to 01-Jan-2021 11:09

01-Jan-2021

Date

NAH MING FOO KENNETH
(P1825G)

Issued by

W12D

Location

Signature

ACCIDENT STATEMENT

ACCIDENT DATE: (30/12/2020) (DD/MM/YYYY), TIME: (6:45 pm) (HH:MM)

LOCATION: M.C.E towards Ford Rd / KPE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBK 1513Z
b) INSURANCE COMPANY: MSIG
c) POLICY NUMBER: 72240740 (COUGR NO16)
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: SYM
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: SHIEKH ABDUL HAKIM BIN JAAFAR (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 521882916 CONTACT: 97896740
c) ADDRESS: 13LK 537 BEDOK NORTH ST 3
#103-555

* 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: (08/09/1965) (DD/MM/YYYY)
e) OCCUPATION: (INDOOR / OUTDOOR)
f) YEARS OF DRIVING EXPERIENCE: 02/07/1983

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) CONVEY
7. a) REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMG1641C 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:

wingfung@sungnet.com

Email = Shiekh Abdul Hakim @ Gmail . Com

fax =

VIDEO =

**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

For any enquiries, please call the Underwriting agent : Commercial Agency Pte Ltd
23 Kelantan Lane #02-01/02 Kim Hoe Centre Singapore 208642 Tel : 63373133

MOTOR CYCLE COVER NOTE

(Strictly for Motor Cycle Insurance)

MSCN No : 72240740 Excess: \$300 (FIRE&THEFT) \$600 (ENDT 2K)
Agency : A0074-001-10124 Date : 30 Mar 2020
Name : SHIEHK ABDUL HAKIM BIN JAAFAR

having proposed for insurance in respect of the Motor Cycle described in the Schedule below the risks is hereby HELD COVERED in the terms of the Company's usual form of **Third Party Fire & Theft** Policy applicable thereto for the period from **00:01AM** on **18 Apr 2020** to midnight on **17 Apr 2021** unless the cover be terminated by the Company by notice in writing in which case insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDULE

Registration No.	FBK1513Z	Insured Value	Prevailing Market Value
Engine No.	KB220587	C.C.	171
Chassis No.	RFGLF18WYFS015888		
Year Manufactured	2015	Year of Registration	2015
Make & Model	SYM [JOYRIDE 20I EVO CVT]		
Rider Type	Policyholder		

Use only for the following purpose : social domestic and pleasure purposes and in connection with policyholder's business or profession.

CERTIFICATE OF INSURANCE

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.

IMPORTANT

Please be informed that this cover note is issued for temporary use only and that you must exchange the cover note for the certificate of insurance from the respective agents within 14 days hereof.



Not valid unless countersigned by Authorized Person

For MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurer

72166110

MSD/VMS/19-397247

(Please read important information on the reverse page.)