

NATIONAL Assessment Centre Services.

(part 1 Jan'09)

SN 092112 0006

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 21/11/21 11:44 | Job description | Date & Time Completed | Done by |
| Ref No NA/MSG 21000996/h4 | SAS e-filing | | |
| Veh No GBH 2400A | E-mail (within 3hrs, AIC 2hrs) | | |
| IP A 12/1/21 15:15 | I-Motor Claim Form | | |
| (IP) Reporting Only | I-Motor W/O (within: OD 2hrs, TP 4hrs) | | |
| IP Insurer: | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

| | | |
|--|--|-----------------------|
| Professed Wksp / INC Assign Wksp / QW: (| Tel: * | Fax: * |
| TP Particulars: | Veh No: FBM 4150G | 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 () | |

| |
|---|
| 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 401010 6710 4616) | 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 | Action |
|-----------|--------|
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|---|--|
| NA2101025 | Invoice Ref: NA2101025 | Invoice No: NA2101025 | Invoice Date: 21/11/21 |
| Driver/Owner: | 1) AL: Accident Reporting (\$30) | 2) DA: Damage Assessment (\$100) | INC (\$10) |
| Contact No: | 3) TP: Towing Fee \$40/\$45 | 4) PT: Follow-Through Survey \$120 | 5) PT: Follow-Through Survey (Resurvey) \$30 |
| Damaged Portion: | For claim against INC Only (wacl 10 Jan 2009) | | |
| QC Checked by (Engi-In-Charge): | 6) TR: Re-inspection \$75 | 7) NI: Idao DA + SMRT Survey \$160 | 8) NTUC Additional Services: |
| Auditors Comments: | ON* | *NS: Courtesy Car / Tpt Allowance \$5 | *NG: Repair Co-ordination \$10 |
| | | *NJ: Post Repair Inspection \$25 | *NB: DV / Collect Excess Coordination \$5 |
| | | TP (N11): TP (Non INC) against INC \$20 | 9) N12: Idao Mobile \$0 |
| | 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 21/01/2021 11:44 (SGT)
Date of Accident 12/01/2021 15:15 (SGT)
Exact Location of Accident Sungei Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBH2400A

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ATT INFOSOFTE PTE LTD
Company Reg No -
Email Address MUHAMMADAMIN@ATTSYSTEMSGROUP.COM
Mobile Phone No (Phone) +65-67497840
Alternative Phone No +65-67497840

VEHICLE PARTICULARS

Manufacturer Nissan
Model Nv200
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company MSIG
Type of Coverage Comprehensive
Fleet Policy No
Policy Number A 300286370 MKC
Cover Note Number -

DRIVER

Name of Driver MUHAMMAD AMIN BIN ROSSADY
NRIC No SXXXX179I

| | |
|--|----------------------------------|
| Date Of Driving Pass | 04/09/2015 |
| Driving experience | 5 YEARS AND 4 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-91908546 |
| Alt. Phone Number | - |
| Email Address | MUHAMMADAMIN@ATTSYSTEMSGROUP.COM |
| Address | BLK 503 WOODLANDS DR 14 #02-56 |
| Address complement | - |
| Postcode | 730503 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Employee |
| 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 | DRIZZLING |
| 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 | - |
| Gender | Male |

DETAILS OF POLICE ACTION

| | |
|---|---|
| Was the accident reported to the police? | Yes |
| Police Station Name | Jurong Neighbourhood Police Post |
| Police Station Phone No | (Phone) +65-18002659999 |
| Alt. Police Station Phone No | (Fax) +65-62664987 |
| Police Station Address | Blk 158 Yung Loh Road #01-58 Singapore 610158 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210112/2127

ATTACHMENT(S)

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | FBM4150G |
| Vehicle Manufacturer | - |
| Vehicle Model | - |

| | |
|---|------------|
| Vehicle Colour | - |
| Vehicle Category | Motorcycle |
| 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

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.



A

A2

H

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

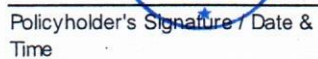
Sketch Plan

A = GBH 2400A
B = FBM 4150G

Sungei Rd.

Refer to Police Report T/ 20210112 / 2127

We declare the foregoing particulars are true in every respect.



Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20210112/2127

1 of 3

Police Station Of Origin:
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999

Report No. T/20210112/2127

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|---|------------|------------------------------|---|--------------------------|----------------------------|
| Date/Time Report Made: 12/01/2021 21:19 | | Vide Report No.: | | Station Diary No.: 33 | |
| Informant's Particulars | | | | | |
| Name of Informant: MUHAMMAD AMIN BIN ROSSADY | | | Address: APT BLK 503 WOODLANDS DRIVE 14 #02-56 SINGAPORE 730503 | | |
| ID Type / ID No.: NRIC NO / S9236179I | | | Contact No.: Home/Office: Mobile: 91908546 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 28 | Date of Birth: 05/10/1992 | Type of Informant: Driver | | |
| Race: Malay | | | Language: English | | Institution / School Name: |
| Occupation: IT ENGINEER | | | Driving Licence Information: Class: 2B,3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|---|------------------|------------------------------------|--|-------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 12/01/2021 15:15 | Type of Location: Straight Road |
| Location: SUNGEI ROAD | | | | |
| Weather: Drizzling | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: No Traffic |
| 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 | Condition | No of Passenger |
|-------------|------------|------|-------|-------|-----------|-----------------|
| FBM4150G | Motorcycle | | | | | 0 |
| GBH2400A | Van | | | | | 1 |

Details of Person Involved

| |
|---------------------------------|
| Any Pedestrian Involved: No |
| No. of Pedestrians Injured: Nil |



**SINGAPORE
POLICE FORCE**



T/20210112/2127

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Report No. T/20210112/2127

Police Station Of Origin:

Jurong NPP

158 Yung Loh Road #01-58 SINGAPORE
610158

Tel No: 1800-2659999

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|---------------------------|--|------------------------------------|
| Rider | | | |
| Name | Teo Kian Chye | ID No. | S7421114C |
| Related Vehicle | FBM4150G (Motorcycle) | Contact No. | 90663090 |
| 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 |
| Driver | | | |
| Name | MUHAMMAD AMIN BIN ROSSADY | ID No. | S9236179I |
| Related Vehicle | GBH2400A (Van) | Contact No. | 91908546 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 2B,3 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On 12/01/2021 at about 1515hrs, I had parked my company vehicle, GBH2400A, along Sungei Road as I want to alight passenger from my vehicle. Right after alighting my passenger, I decide to move off and inch out slowly and subsequently collided on to a motorbike. I then came out from the vehicle and approach the rider. I then asked him if he is injured and required any medical assistance however he mentioned he does not required any medical assistance. However I noticed that the rider palm have some abrasion. We then decide not to call for any ambulance or police assistance. We then exchange particulars and we came to an agreement to resolve the issues through insurance claiming.



**SINGAPORE
POLICE FORCE**



T/20210112/2127

Police Station Of Origin:

Jurong NPP

158 Yung Loh Road #01-58 SINGAPORE
610158

Tel No: 1800-2659999

3 of 3

Report No. T/20210112/2127

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:

J /

Sgt 1 MUHAMMAD AQIL BIN MUHAMMAD
TASRIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Insp BOON YEN KIAN

Contact No.: 65476172

Authentication Stamp

ND168

Signature Of Informant:

Date/Time:

12/01/2021 21:19

Classification Of Case:

SN 124

**MSIG**

MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way, #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.

**COMMERCIAL VEHICLE
Comprehensive****Certificate No.** A 300286370 MKC**Excess :** SGD600**Windscreen Excess :** SGD100

1. **Index Mark and Registration Number of Vehicle**
GBH2400A

2. **Name of Policyholder**
ATT Infosoft Pte Ltd

3. **Effective Date of the Commencement of Insurance for the purposes of the Act**
20/03/2020

4. **Date of Expiry of Insurance**
19/03/2021

5. **Persons or Classes of Persons entitled to drive***

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 in connection with the Policyholder's business. Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. Use for social domestic and pleasure purposes. The Policy does not cover

(1) Use for hire or reward or for racing pace-making reliability trial or speed-testing.

(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

* 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.

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

ACCIDENT STATEMENT

ACCIDENT DATE: (12 / 1 / 21) (DD/MM/YYYY), TIME: (15 : 15) (HH:MM)

LOCATION: Sungei Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBH 2400A
b) INSURANCE COMPANY: MSIG
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Nissan NV 200
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: work
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: ATT Infosoft Pte Ltd. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 6749 7840
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Muhammad Amin Bin Rossady (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 9190 8546
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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 Drizzling)
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: Jurong MPP

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FBM 4150G 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: _____

Email = muhammadamin@attsystemsgroup.com

fax =

VIDEO = Yes, Haven't check