

NATIONAL Assessment Centre Services.

Jan 1 Jan 08

SNAG 21/PO005

Date In: 26/01/2021 1702	Job description	Date & Time Completed	Done by
Ref No: 188/M/1921001168/Y	SAS e-filing		
Veh No: FN 533K	E-mail (Update 3hrs, AIC 3hrs)		
D.O.A: 23/01/2021 1100	I-Motor Claims Form		
OD: TP Reporting Only	I-Motor W/O (with/od 3hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wkep / INC Assgnt Wkep / OW: () Tels: () Fax: ()

TP Jurisdiction: () Veh No: SLA 6562H 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: _____

Driver/Owner:	1) All: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$10)
Damaged Portion:	3) TP: Towing Fee	\$400/45
	4) PT: Follow-Through Survey	\$120
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
	6) TT: Re-inspection	\$75
	7) NI: Idea DA + SMRT Survey	\$160
	8) NIUC: Additional Services	
	OR:	
	*NI: Courtesy Car / Tpl Allowance	\$3
	*NI: Repair Coordination	\$10
	*PT: Post Repair Inspection	\$25
	*ND: DV / Collect Excess Coordination	\$3
	TP (NI) / TP (S&A INC) against DRG	\$30
	9) NI: Idea Mobile	

Invoice dated _____ Fee Charged _____

Invoice dated _____ Fee Charged _____

NA2100666

12/1/21

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	25/01/2021 17:02 (SGT)
Date of Accident	23/01/2021 11:00 (SGT)
Exact Location of Accident	Sumang Link, Singapore
Additional Location Information	TOWARDS PUNGGOL WAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FU5133K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HAIKAL BIN YAHYA
NRIC No	SXXXX094E
Email Address	ahkhai29@gmail.com
Mobile Phone No	(Phone) +65-87514828
Alternative Phone No	+65-88944238

VEHICLE PARTICULARS

Manufacturer	Kawasaki
Model	KRRZX150
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	ThirdParty
Fleet Policy	No
Policy Number	MSD/VMT/20-417127-CA
Cover Note Number	-

DRIVER

Name of Driver	KHAIRUL HIDAYAT BIN HENDERI
NRIC No	SXXXX653I

Date Of Driving Pass	22/07/2016
Driving experience	4 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88944238
Alt. Phone Number	-
Email Address	ahkhai29@gmail.com
Address	BLK 107 YISHUN RING ROAD #07-271
Address complement	-
Postcode	760107
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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?	No
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	NUR HANISAH BINTE ZULKIFLI
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Sengkang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003438999
Alt. Police Station Phone No	(Fax) +65-63438939
Police Station Address	2 Sengkang Square #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210124/2018

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	SLA6562H
Vehicle Manufacturer	Honda

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LUA POH SENG
NRIC No	SXXXX653I
Contact Number	(Phone) +65-91143584
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	NUR HANISAH BINTE ZULKIFLI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FU5133K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

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 willful 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.

[Signature] 25/1/21 15:20 PM

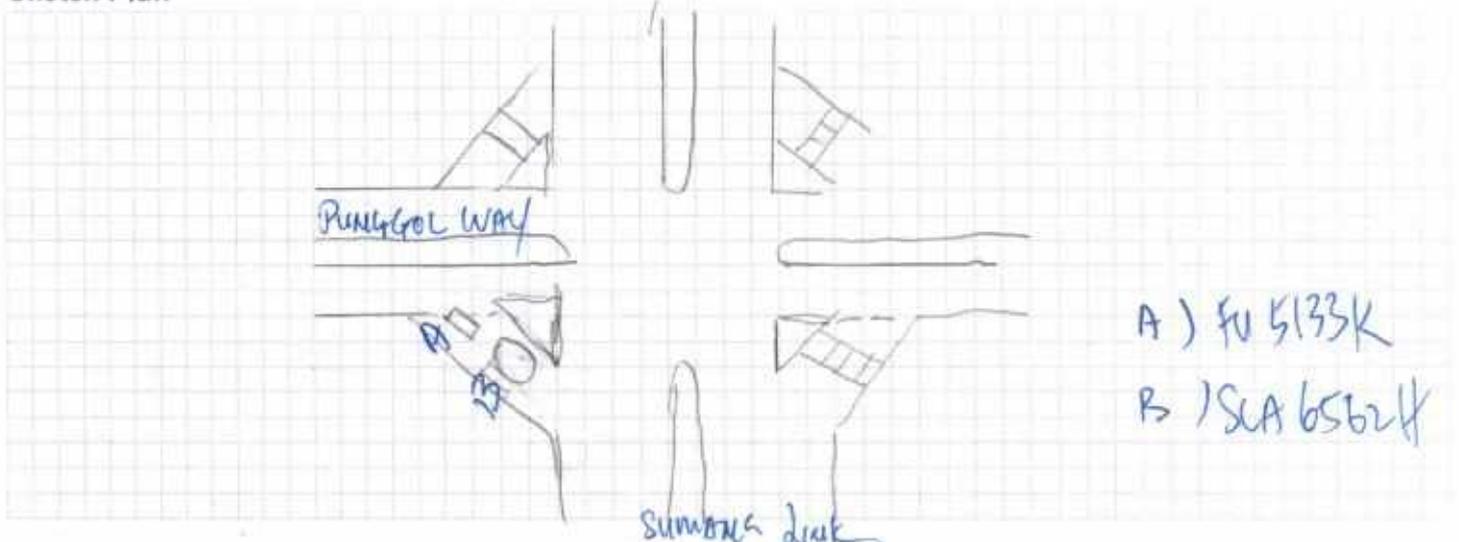
[Signature] 25/01/2021

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

REFER TO POLICE REPORT 1/2021/0124/2018

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

 25/01/21 15.20pm

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

 25/01/2021

Witnessed by Reporting Centre Personnel

Southern Ind Car

ACCIDENT STATEMENT

ACCIDENT DATE: 23 / 01 / 21 (DD/MM/YYYY), TIME: 11:00hrs (HH:MM)

LOCATION: Sumang Link towards Punggol Way

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FU5133K
- b) INSURANCE COMPANY: MSIG
- c) POLICY NUMBER: _____
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: _____
- 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: HAIKAL BIN YAHYA (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S9418094E CONTACT: 87514828
- c) ADDRESS: Yishun Ave 5 blk #705 #01-212

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: KHAIRUL HIDAYAT BIN HENDRI (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S9435653I CONTACT: _____
- c) ADDRESS: Yishun Ring Rd Blk 107 #02-271 .760107

*d) DATE OF BIRTH: 29 / 09 / 1994 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 22 Jul 2016

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) Friend

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR) RAINING / OTHERS _____

b) ROAD SURFACE: (DRY / WET / OTHERS) Dry

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Sengkang N.P.C.

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLA6562H MODEL: HONDA VEZEL 1.5X
- b) DRIVER'S NAME: LUA POH SENG
- c) NRIC/FIN/PASSPORT: S8034053B CONTACT: 91143584

9. THIRD PARTY VEHICLE

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

FRANCH (F1)

No of passenger (including driver) (2)

No of passenger (including driver) ()

No of passenger (including driver) ()

Email = Ahkhai29@gmail.com

VIDEO



**SINGAPORE
POLICE FORCE**



T/20210124/2018

1 of 4

Report No. T/20210124/2018

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/01/2021 11:18	Vide Report No.:	Station Diary No.: 35
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Informant's Particulars

Name of Informant: KHAIRUL HIDAYAT BIN HENDERI			Address: APT BLK 107 YISHUN RING ROAD #07-271 SINGAPORE 760107		
ID Type / ID No.: NRIC NO / S94356531			Contact No.: Home/Office:		Mobile: 88942938
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 26	Date of Birth: 29/09/1994	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: PSA			Driving Licence Information: Class: 2B,3,4		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/01/2021 11:00	Type of Location: Filter lane
Location: SUMANG LINK				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FU5133K	Motorcycle	KAWASAKI	KRRZX150	Black		1
SLA6562H	Car	HONDA	VEZEL 1.5X A	White		0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



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Report No. T/20210124/2018

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

CONTINUATION OF REPORT

Pillion			
Name	NUR HANISAH BINTE ZULKIFLI	ID No.	S9623558E
Related Vehicle	FU5133K (Motorcycle)	Contact No.	88464460
Hospital/Clinic	MINMED	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	23/01/2021	Date Discharge	23/01/2021
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Rider			
Name	KHAIRUL HIDAYAT BIN HENDERI	ID No.	S9435653I
Related Vehicle	FU5133K (Motorcycle)	Contact No.	88942938
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LUA POH SENG	ID No.	S8034053B
Related Vehicle	SLA6562H (Car)	Contact No.	91143584
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

Brief Details.

On 23/01/2021 at about 1100hrs, I was riding my motorbike together with fiancée as my pillion along Sumang Link towards Punggol Way. Upon reaching Punggol Way, I stopped after the zebra crossing before the line to give way to oncoming vehicles. We were waiting to move off, however, the said car came from the back and hit onto my motorbike. My motorbike then surged forward. The said driver came out of his vehicle and we dismounted the motorbike. We exchanged particulars and left.

We contacted him and he asked my fiancée to go see a doctor and he will do private settlement. After seeing a doctor, he said that he will claim insurance instead.

I wish to state that I was not injured, however my fiancée had seen a doctor and was given 03 days MC. She had lower back aches and left ribcage also had some aching pain.



**SINGAPORE
POLICE FORCE**



T/20210124/2018

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Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20210124/2018

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20210124/2018

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: F / Staff Sgt JOSHUA KWEK YONG CHEE	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151	
Authentication Stamp NP168	

Signature Of Informant:	
Date/Time: 24/01/2021 11:18	
Classification Of Case:	

Road Tax Renewal - FU5133K
Road Tax (09-Sep 2020 - 08-Mar 2021)
20200908105006897222

5516
No. 20041221201
spore 068807

Sub-Total

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/YMT/20-417127-CA A0074-001/10110

SUM INSURED : TPL
EXCESS : NIL

1. Index mark and Registration Number of Vehicle FU5133K
KAWASAKI 148 c.c.
2. Name of Policyholder HAIKAL BIN YAHYA

3. Effective date of the Commencement of Insurance
for the purposes of the Act 1201AM 13/09/2020
4. Date of Expiry of Insurance 12/09/2021

5. Persons or Classes of Persons entitled to drive
a. The Policyholder.
b. **KHAIRUL HIDAYAT BIN HENDRI ONLY**
Provided that the person driving is permitted in accordance with the licensing or other 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. 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.

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."

07/09/2020 (CG)
CA/C1-03 (05/13)

COMMERCIAL AGENCY PTE. LTD.
Underwriting Agent
For **MSIG Insurance (Singapore) Pte. Ltd.**

presented within 3 months from the date of issue

WARNING:

A test certificate should not be accepted as evidence of satisfactory mechanical condition of a vehicle offered for

CERTIFICATE

NO. **STA**



TRAFFIC ACT
(R 276)

with registration No. **FU5133K**
under the Road Traffic Act and that
all statutory requirements were complied with.

STA Inspection Pte



CERTIFICATE SAFELY

for the purposes specified above are correct and that the registration should not be issued for the renewal of a vehicle if the vehicle is not road tax, this Certificate must be presented