

NATIONAL Assessment Centre Services.

Jan 1 Jan 051. **SN082110007**

Date In: <b>25/01/2021 18:41</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NBA/M892/001181/4</b>	SAS e-illing		
Veh No: <b>S2962 CD</b>	E-mail (by date time, A/C time)		
D.O.A: <b>24/01/2021 13:00</b>	I-Motor Claims Form		
O/D: <b>TP</b> Reporting Only	I-Motor W/O (With: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/W/Insr		

Preferred Wksp / INC Assign Wksp / OW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Vch No: **GBS 21117** 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: \_\_\_\_\_

<b>NA2100667</b>	1) All Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (+10)	\$10/43
Contact No:	3) TP: Towing Fee	\$120
Damaged Portion:	4) PT: Follow-Through Survey	\$30
	5) FT: Follow-Through Survey (Resurvey)	\$75
QC Checked by (Engr-In-Charge):	6) TT: Re-inspection	\$160
	7) NI: IDao DA + SMRT Survey	
Tel: 1:	8) NTUCA Additional Services	
	ON:	\$3
Tel: 2:	* NS: Courtesy Car / Tpl Allowance	\$10
	* N6: Repair Coordination	\$25
	* N7: Post Repair Inspection	\$3
	* N8: DV / Collect Excess Coordination	\$20
	TP (N11); TP (N11) INC against D/G	\$0
	2) N12: Idao Mobile	
	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 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. 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 18:11 (SGT)
Date of Accident	24/01/2021 13:00 (SGT)
Exact Location of Accident	Tampines Street 21, Singapore
Additional Location Information	T-JUNCTION OF TAMPINES AVENUE 2
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	S2962CD
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	EMBASSY OF THE REPUBLIC OF INDONESIA
Company Reg No	SXXXXX029F
Email Address	fidzrilyusman@gmail.com
Mobile Phone No	(Phone) +65-87495417
Alternative Phone No	+65-87495417

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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 300357596 MKC
Cover Note Number	-

#### DRIVER

Name of Driver	FIDZRIL YUSMAN BIN MOHAMED YASIN
NRIC No	SXXXX262B

Date Of Driving Pass	12/03/1999
Driving experience	21 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87495417
Alt. Phone Number	-
Email Address	fidzrilyusman@gmail.com
Address	BLK 585 WOODLANDS DRIVE 16 #09-72
Address complement	-
Postcode	730585
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	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?	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?	Yes
Police Station Name	Woodlands East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007679999
Police Station Address	3 Woodlands Drive 63 Singapore 737890
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210124/2033

#### 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	GBJ2771T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	KHAIRUL ADILIN BIN MUHAMAD SHUKOR
NRIC No	XXXXXXXX

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 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.



Policyholder's Signature / Date & Time

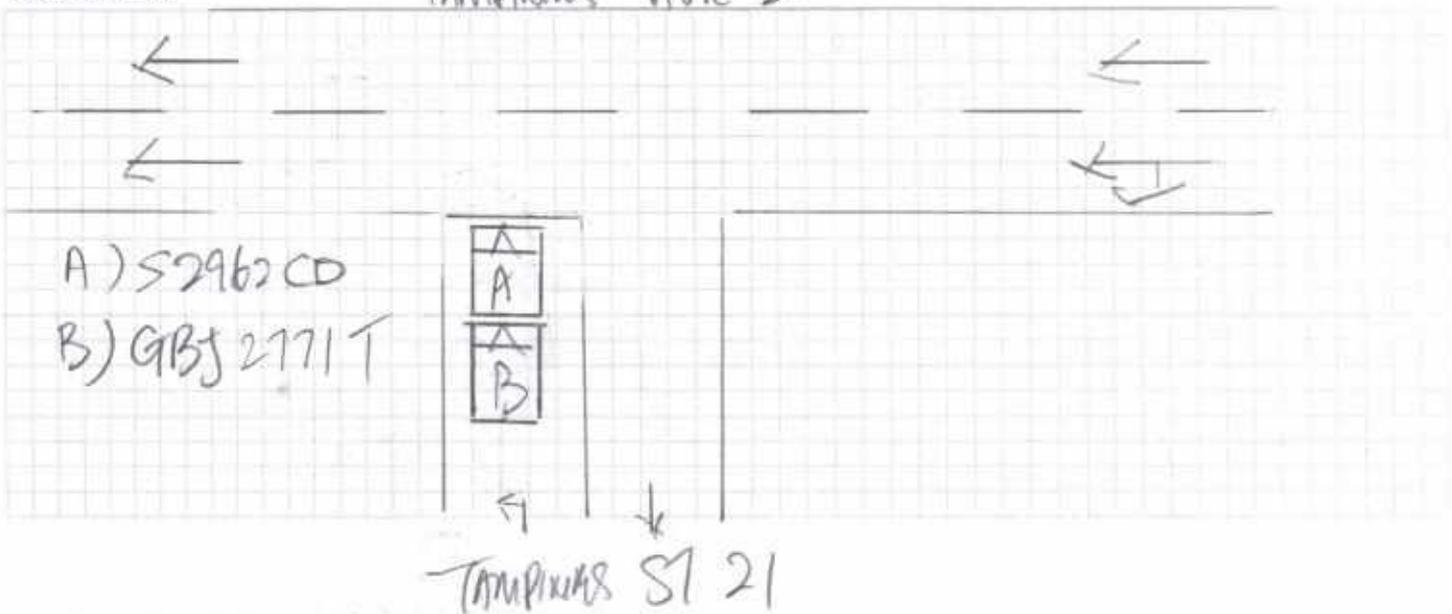
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

*[Signature]* 25/11/20 1445 *[Signature]* 25/11/2021

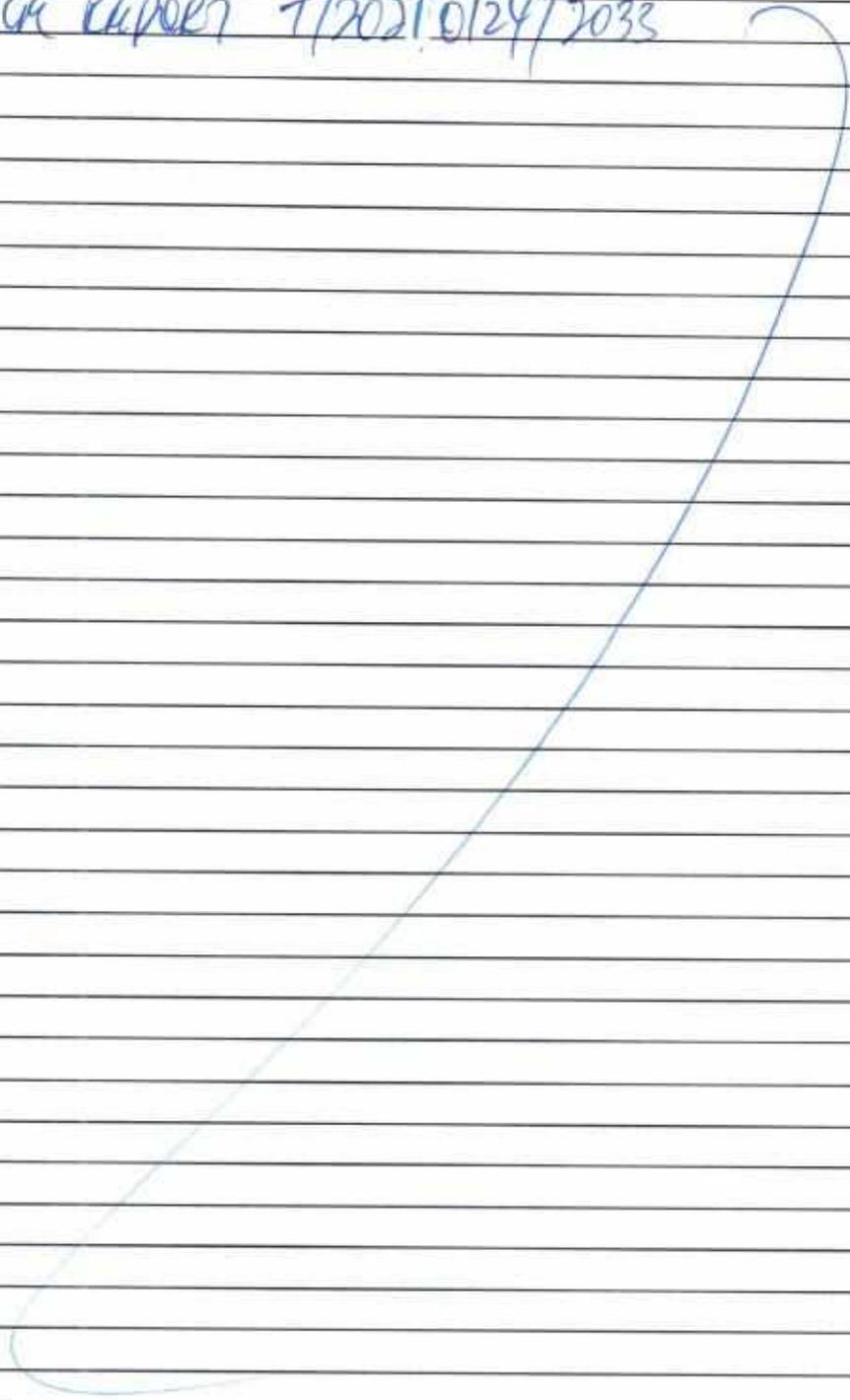
**Sketch Plan**

TAMPINES AVE 2



**Describe Circumstances of the Accident**

REFER TO POLICE REPORT 7/2021/0124/2033



**Declaration**

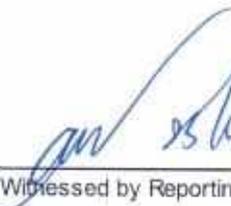
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

 25/11/20 14:45

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

 25/11/2021  
Witnessed by Reporting Centre Personnel

# ACCIDENT STATEMENT

ACCIDENT DATE: (24/1/20) (DD/MM/YYYY), TIME: (1300) (HH:MM)

LOCATION: Junction of Tampines St 21 Lane 2

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 52962CD  
b) INSURANCE COMPANY: MSIG  
c) POLICY NUMBER: A300357896 MKL  
d) POLICY TYPE: ( COMPREHENSIVE /  THIRD PARTY /  THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: TOYOTA HIACE  
f) TYPE: (SALOON / COUPE / MPV /  VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING  
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: Indira A. Mubassy (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S67DP0029K CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- d) NAME: Fidriah Y. Yusman (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 577362625 CONTACT: 87495417  
c) ADDRESS: BLK 585 Woodlands Dr. 16  
402-72

\*d) DATE OF BIRTH: (03/12/77) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 12/3/199

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: Woodlands East NPC

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 80485 2711 MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: KHAI  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 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)  
( )

\* No of passenger  
(Including driver)  
( )

email = Fidriah.Yusman@gmail.com  
VIDEO



**SINGAPORE  
POLICE FORCE**



T/20210124/2033

1 of 3

Report No. T/20210124/2033

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/01/2021 14:08		Vide Report No.:		Station Diary No.: 33	
<b>Informant's Particulars</b>					
Name of Informant: FIDZRIL YUSMAN BIN MOHAMED YASIN			Address: APT BLK 585 WOODLANDS DRIVE 16 #09-72 SINGAPORE 730585		
ID Type / ID No.: NRIC NO / S7736262B			Contact No.:		Mobile: 87495417
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 43	Date of Birth: 03/12/1977	Type of Informant: Driver		
Race: Malay		Language:		Institution/ School Name:	
Occupation: EMBASSY DRIVER		Driving Licence Information: Class: 3		Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 24/01/2021 13:00	Type of Location: T-Junction
Location:  TAMPINES AVENUE 2				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
GBJ2771T	Van				Slightly Damaged	0
S2962CD	Van				Slightly Damaged	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

**CONTINUATION OF REPORT**

Driver			
Name	Khairul Adilin Bin Muhamad Shukor	ID No.	S9014809E
Related Vehicle	GBJ2771T (Van)	Contact No.	NIL
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	FIDZRIL YUSMAN BIN MOHAMED YASIN	ID No.	S7736262B
Related Vehicle	S2962CD (Van)	Contact No.	87495417
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

While stationary off the T-Junction of Tampines St 21 and Tampines Ave 2, I was waiting for the traffic to clear before proceeding onto Tampines Ave 2. Suddenly, I felt a large impact from the rear of my vehicle. As I exit my vehicle and checked the rear, I discovered my vehicle was hit head on by another van.



# SINGAPORE POLICE FORCE



T/20210124/2033

3 of 3

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

Report No. T/20210124/2033

## 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: L / SC2 MUHAMMAD HAKIM BIN AB RAHMAN 
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151 

Signature Of Informant: 
Date/Time: 24/01/2021 14:08
Classification Of Case:

Authentication Stamp  
NP158





**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 300357596 MKC

Excess : SGD1,500

Windscreen Excess : SGD100

1.    **Index Mark and Registration Number of Vehicle**  
S2962CD

2.    **Name of Policyholder**  
Embassy of the Republic of Indonesia

3.    **Effective Date of the Commencement of Insurance for the purposes of the Act**  
03/10/2020

4.    **Date of Expiry of Insurance**  
02/10/2021

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 only for the carriage of passengers or goods in connection with the Policyholder's business. The Policy does not cover

- (1) Use for racing pace-making reliability trial or speed-testing
- (2) Use whilst drawing a trailer except the towing (other than for reward) 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