

# NATIONAL Assessment Centre Services. (wef 1 Jan 05) SN 09.214 J 0003

Date In: 19/4/21 09:28	Job description	Date & Time Completed	Done by
Ref No: NA1 MSG 21004840/h4	SAS e-filing		
Veh No: F2 5872J	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 20/3/21 02:00	i-Motor Claim Form		
OD: <del>TP</del> 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: SKJ 3711D 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 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

Claimant's Particulars:-	Invoice Preparation Checklist	Am't (\$) Inc Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	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:-		
	OD*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments:-	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile \$0		
	Invoice dated	Fax 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	19/04/2021 09:28 (SGT)
Date of Accident	20/03/2021 02:00 (SGT)
Exact Location of Accident	SLE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FZ5872J
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMAD FIRHAQIS BIN MOHAMAD YUSRI
NRIC No	SXXXX457G
Email Address	MOHAMADFIRHAQIS@GMAIL.COM
Mobile Phone No	(Phone) +65-88411564
Alternative Phone No	+65-88411564

#### VEHICLE PARTICULARS

Manufacturer	Kawasaki
Model	KRR ZX150M
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
Transmission	Manual
CC	150

#### INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	-
Cover Note Number	60937160

#### DRIVER

Name of Driver	MOHAMAD FIRHAQIS BIN MOHAMAD YUSRI
NRIC No	SXXXX457G

Date Of Birth	30/01/1999
Occupation	Outdoor
Date Of Driving Pass	04/07/2017
Driving experience	3 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88411564
Alt. Phone Number	+65-88411564
Email Address	MOHAMADFIRHAQIS@GMAIL.COM
Address	487A TAMPINES AVE 9 #10-94
Address complement	-
Postcode	520487
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	MELISSA BINTE ABDUL LATIFF
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands Division Headquarters
Police Station Phone No	(Phone) +65-18004660000
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT L/20210321/7043

#### 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	SKJ3711D
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	MOHAMAD FIRHAQIS BIN MOHAMAD YUSRI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	FZ5872J
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

### INJURED 2

Name of injured person	MELISSA BINTE ABDUL LATIFF
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	FZ5872J
Were seat belts worn?	-
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

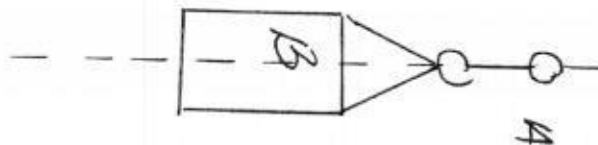
Witnessed by Reporting Centre Personnel

### Sketch Plan

A: FZ 5872J

SLE (BKE)

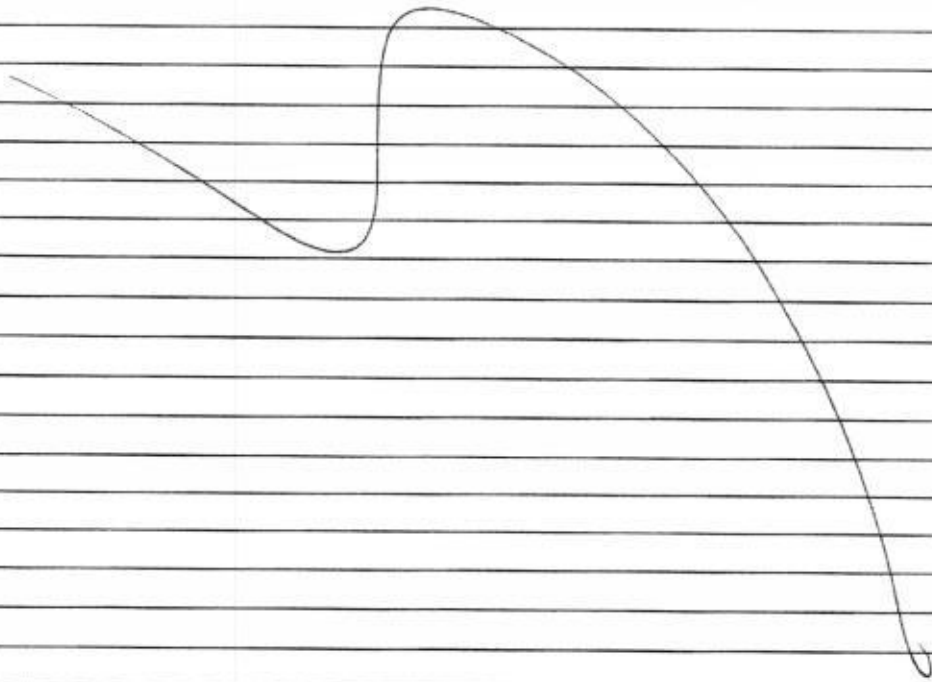
B: Skj 3711D



**Describe Circumstances of the Accident**

Refer Police Report

L/20210321 / 7043



**Declaration**

We declare the foregoing particulars are true in every respect.

A handwritten signature in dark ink, appearing to be a stylized 'A' or 'M' followed by a flourish.

Policyholder's Signature / Date &  
Time

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

A handwritten signature in dark ink, consisting of a stylized 'H' or 'A' shape.

Witnessed by Reporting Centre  
Personnel





**POLICE REPORT (NP299)**

Report No. L/20210321/7043

Date/Time Report Made 21/03/2021 23:30		Vide Report No.		Station Diary No.	
Name Of Informant MOHAMAD FIRHAQIS BIN MOHAMAD YUSRI		Address 487A TAMPINES AVENUE 9 #10-94 SINGAPORE 520487			
ID Type / ID No. NRIC NO / S9902457G		Contact No. Home/Office:                      Mobile: 88411564			
Nationality SINGAPORE CITIZEN		Email Address mohamadfirhaqis@gmail.com			
Occupation Delivery rider		Sex Male	Age 22	Date of Birth 30/01/1999	Race Malay
Institution/School Name		Language English			
Date/Time Of Incident 20/03/2021 02:00		Location Of Incident SELETAR EXPRESSWAY			
Brief details					

On the above mentioned date and time, I was riding my bike FZ5872J with my girlfriend Melissa Binte

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 21/03/2021 23:30
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Authentication Stamp



**SINGAPORE  
POLICE FORCE**



L/20210321/7043

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20210321/7043

Abdul Latiff as my pillion.

We were travelling along SLE(BKE) before Lentor Ave when suddenly I felt a huge impact from the rear which sent me and my pillion flying.

I lay unconscious for some time on the Highway and woke up to check on my girlfriend. That was when I realised that SKJ3711D was the vehicle which collided into my vehicle's rear causing the accident.

My girlfriend and I drifted in and out of consciousness after I had first gotten up after the accident.

Ambulance arrived and conveyed us to Khoo Teck Puat Hospital.

I suffered multiple injuries including head injuries and multiple fractures over my right arm due to the accident.

I was discharged on the same day with 14 days HL.

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

21/03/2021 23:30

Classification Of Case:





**MSIG**

MSIG Insurance (Singapore) Pte. Ltd.  
4002 #01-06, 4002 #01-06, 4002 #01-06, 4002 #01-06  
4002 #01-06, 4002 #01-06, 4002 #01-06, 4002 #01-06  
msig.com.sg

For any enquiries, please call the Underwriting agent: WTT Insurance Agencies Pte Ltd  
5001 Beach Road #02-27/28 Golden Mile Complex Singapore 199528 Tel: 67386239/67386545

**MOTOR CYCLE COVER NOTE**  
(Strictly for Motor Cycle Insurance)

MSCN No: 6057160  
Agency: 00000000000000000000  
Name: MOHAMMAD FIKRIYUZZAMAN MOHAMMAD YUSOF

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** Policy applicable thereto for the  
period from **01:48 AM** on **26 Dec 2020** to midnight on **25 Dec 2021** unless the  
cover be terminated by the Company by notice in writing in which case insurance will then upon cease and a proportionate part of  
the annual premium otherwise payable for such insurance will be charged for the time that company has been on risk.

SCHEDULE		Insured Value	Third Party Liability (TPL)
Registration No	P159721		
Engine No	42130200000000000000		
Chassis No	KL150XK62456		
Year Manufactured	2005	Year of Registration	2005
Make & Model	KAWASAKI [KRR ZX150M]		
Rider type	Full Time		

Use only for the following purpose: social domestic and pleasure purposes and in connection with any profession.

**CERTIFICATE OF INSURANCE**  
I/WE HEREBY CERTIFY that the policy to which this Certificate relates is issued in accordance with 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 a policy of insurance from the respective agents within 14 days hereof.

**H L MOTOR SERVICE**  
4002 #01-06  
4002 #01-06 INDUSTRIAL PARK 1  
SINGAPORE 569623  
TEL: 6552 6507 FAX: 6552 6597  
Not valid unless countersigned by Authorized Person

For MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurer

(Please read important information on the reverse page.)

Date of Accident: 20/3/21 Accident Time: 02:12 (24-HR-Format)  
 Accident Place: SLE  
 Vehicle No. (Car Plate No.): FZ 5872 J Make/Model: Kawasaki KLR 150  
 Insurance Company: MSIG Policy No: 6093760  
 Owner or Company Name / IC No.: Mohamad Firhagis Bin Mohamad Yusri 599024536  
 Owner or Company Contact No.: 88411564 Owner's Hp: \_\_\_\_\_ Company Tel: \_\_\_\_\_  
 DRIVER'S Name / IC No.: Mohamad Firhagis Bin Mohamad Yusri  
 DRIVER'S Date Of Birth: 30/1/1999 DRIVER'S License Pass Date: 4/7/2017  
 Relationship of Owner & Driver: Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
 DRIVER'S Address: 487 Tampines Ave 9 #10-94S 520487  
 DRIVER'S Contact No. / Alt No.: 1) 88411564 2) \_\_\_\_\_  
 DRIVER'S Occupation: INDOOR ~~OUTDOOR~~ (e.g. working inside or outside office)  
 Email Address: mohamadfirhagis@gmail.com  
 Weather & Road Surface: CLEAR & DRY RAINING & WET \ AFTER RAIN & WET  
 Reporting Type: Reporting Only \ ~~Claim Other Party~~ \ Claim Own Insurance  
 Number of Passengers (Including Driver): 2

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Any Injury (If YES, Pls state): conveyed by ambulance, multiples fractures, head injuries

Other Party Driver's Particular (if any)

Vehicle No: <u>SKJ 3711D</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender:

Melissa Binte Abdul Latiff (Female)