

NATIONAL Assessment Centre Services.

[wef 1 Jan'05]

SN08217F0001

Date In: 15/7/21 15:21	Job description	Date & Time Completed	Done by:
Ref No: NBA/MSG/21007685/H	SAS e-filing	✓	
Veh No: FBP 4243 G	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 13/7/21 12:00	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: 5ND 1657H	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 repaler.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks:	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

Insurance Particulars:	Invoice Preparation Checklist	Amt (\$) Inc Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
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:-		
	ON*		
	*N5: Courtesy Car / Tpt 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	15/07/2021 15:21 (SGT)
Date of Accident	13/07/2021 12:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JALAN BAHAGIA
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP4243G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMMAD FAIZAL BIN MATTAR
NRIC No	SXXXX531C
Email Address	FAIZALBINMATTAR@GMAIL.COM
Mobile Phone No	(Phone) +65-84841658
Alternative Phone No	(Office) +65-84841658

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	SNIPER 150
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	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	MSD/VMT/21-515676-WTT
Cover Note Number	-

DRIVER

Name of Driver	MOHAMMAD FAIZAL BIN MATTAR
NRIC No	SXXXX531C

Date Of Birth	26/03/1986
Occupation	Outdoor
Date Of Driving Pass	10/11/2005
Driving experience	15 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84841658
Alt. Phone Number	(Office) +65-84841658
Email Address	FAIZALBINMATTAR@GMAIL.COM
Address	BLK 327C ANCHORVALE ROAD
Address complement	#03-298
Postcode	543327
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 - Major/Minor Rd
Weather Conditions	DRIZZLING
Road Surface	Wet

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 vehicle 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	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 NO. T/20210713/2169

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	SHD1657H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

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)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MOHAMMAD FAIZAL BIN MATTAR
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	LEFT KNEE
Injured person in which vehicle?	FBP4243G
Were seat belts worn?	No
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 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

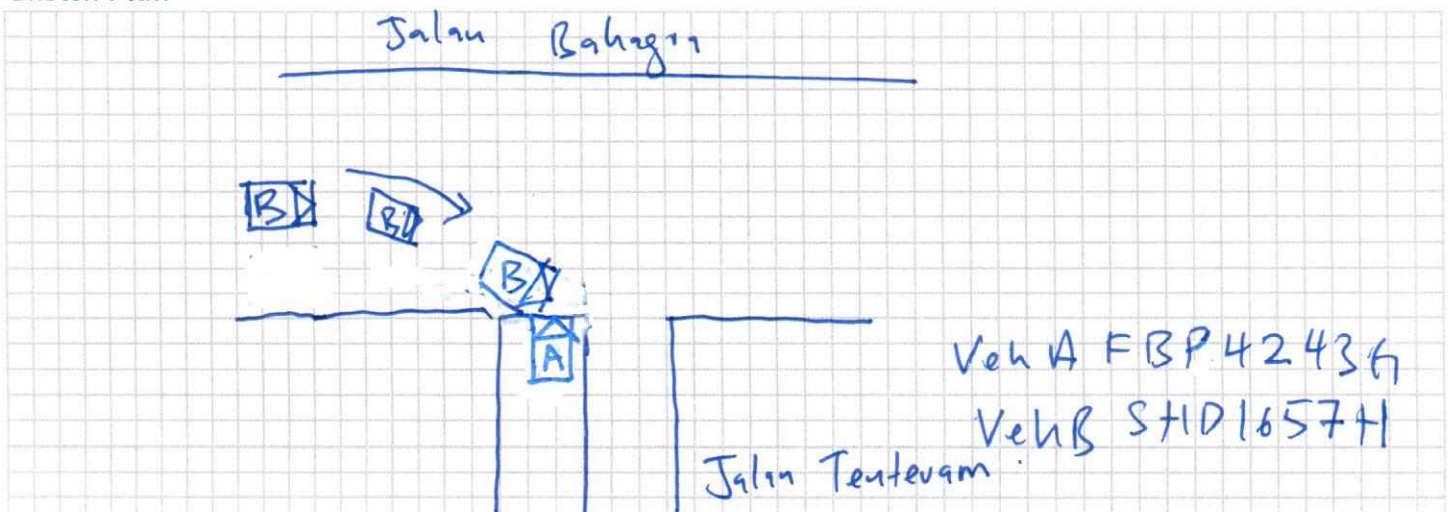
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

As per police report no: T/20210713/2169

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time



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



Witnessed by Reporting Centre
Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (13 / 7 / 2021) (DD/MM/YYYY), TIME: (12 : 00) (HH:MM)

LOCATION: Jalan Bahagia

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBP4243G
b) INSURANCE COMPANY: MSIG
c) POLICY NUMBER: MSP/VMT/21-515676-WTT
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Yamaha Sniper 150
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: Mohamad Faizal Bin Mattar (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8608531C CONTACT: 84841658
c) ADDRESS: BLK 327C Anchorvale Rd #03-298
S(543327)

* 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: (26 / 3 / 1986) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 10/11/2005

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) Dazzling
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: Sengkang NPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHD1657H 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 = Faizal Bin mattar@gmail.com

VIDEO



SINGAPORE POLICE FORCE



T/20210713/2169

1 of 3

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

Report No. T/20210713/2169

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/07/2021 22:07	Vide Report No.:	Station Diary No.: 172
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Informant's Particulars

Name of Informant: MOHAMMAD FAIZAL BIN MATTAR			Address: APT BLK 327C ANCHORVALE ROAD #03-298 SINGAPORE 543327	
ID Type / ID No.: NRIC NO / S8608531C			Contact No.: Home/Office: Mobile: 84841658	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 35	Date of Birth: 26/03/1986	Type of Informant: Rider	
Race: Boyanese			Language:	Institution / School Name:
Occupation: Motorcycle delivery man			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/07/2021 12:00	Type of Location:
Location: JALAN BAHAGIA				
Weather: Drizzling	Road Surface: Wet	Road Speed Limit:		
Traffic Flow:	Traffic Control:	Traffic Volume:		
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP4243G	Motorcycle	YAMAHA	SNIPER T150	Green	Seriously Damaged	0
SHD1657H	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP4243G	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT21515676	02/04/2021	01/04/2022



**SINGAPORE
POLICE FORCE**



T/20210713/2169

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

2 of 3

Report No. T/20210713/2169

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMMAD FAIZAL BIN MATTAR	ID No.	S8608531C
Related Vehicle	FBP4243G (Motorcycle)	Contact No.	84841658
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	13/07/2021	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

I am a delivery rider with Starhub. On 13/07/2021 at about 1200H, I was traveling along Jalan Tenterem in front of Blk 22 and turning right into Jalan Bahagia. As I was turning right, a taxi, SHD1657H was turning right from Jalan Bahagia into Jalan Tenterem. The taxi hit me from the front on my right side. It was drizzling. Police and Ambulance attended at scene. I told the ambulance that I did not need to be conveyed to hospital. However, after coming home, I felt pain on left knee. As such I went to Sengkang General Hospital in the afternoon on 13/07/2021. I also felt dizzy. The doctor did Xray on my knee. Doctor said the xray looks ok. As such, I was not warded and was given 3 days MC.

The driver of the taxi did not sustain any injuries and was not conveyed to hospital. There was no passenger on the taxi. I was asked by Traffic Police to lodge a police report.



**SINGAPORE
POLICE FORCE**



T/20210713/2169

3 of 3

Report No. T/20210713/2169

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

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 /

Insp HO JIANWEI, JOHN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI MOHAMMAD ABDILLAH BIN PALIL

Contact No.: 65476246

Signature Of Informant:

Date/Time:

13/07/2021 22:07

Classification Of Case:

Authentication Stamp

NP168





W 733762
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

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.

THIRAU NO : MSD/VMT/21-515676-WTT A0633-001/W0867

INSURED : TPL
LESS : NIL

Index mark and Registration Number of Vehicle S8608531C
FBP4243G

YAMAHA
Name of Policyholder MOHAMMAD FAIZAL BIN MATTAR

150 c.c.

Effective date of the Commencement of Insurance

for the purposes of the Act

0001AM 02/04/2021

Date of Expiry of Insurance

01/04/2022

Persons or Classes of Persons entitled to drive
1. The Policyholder.

1. MATTAR BIN MUSTAM 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.

2. 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.