

NATIONAL Assessment Centre Services

Date In: 25/08/21	Job description	Date & Time Completed	Done by
Ref No: NA/MS621008922/13	SAS e-filing		
Veh No: F02508P	E-mail (within 2hrs. 2hrs)		
DOA: 17/08/21 1610	i-Motor Claim Form		
OD: (1P) Reporting Only	i-Motor W/O (Within 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:

SMH3356H

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%; F: 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

Invoice Preparation Checklist

Ant (\$)

Ant (\$)

1st Bill

Add Bill

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

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: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

OD*

*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: Idac Mobile 30

Invoice dated

Fee Charged

Cat. 1:

Cat. 2 / 3:



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	25/08/2021 12:53 (SGT)
Date of Accident	17/08/2021 16:10 (SGT)
Exact Location of Accident	N Canal Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FW2528P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMAD ANUAR BIN ABDUL
NRIC No	SXXXX814I
Email Address	selphk38@gmail.com
Mobile Phone No	(Phone) +65-96929470
Alternative Phone No	+65-96929470

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	RXZ
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	133

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	D 300266796 VMP
Cover Note Number	-

DRIVER

Name of Driver	MOHAMAD ANUAR BIN ABDUL
NRIC No	SXXXX814I

Date Of Birth	10/07/1970
Occupation	Outdoor
Date Of Driving Pass	01/03/1989
Driving experience	32 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96929470
Alt. Phone Number	+65-96929470
Email Address	selphk38@gmail.com
Address	BLK 273D JURONG WEST AVE 3
Address complement	#04-57
Postcode	644273
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	No Collision
Weather Conditions	Clear
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?	Yes
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	Nanyang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007929999
Alt. Police Station Phone No	(Fax) +65-67912972
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:20210819/2099

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	SMH3356H
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 ANUAR BIN ABDUL
Gender	Male
Phone No	(Phone) +65-96929470
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	FRACTURED RIB AND ABRASION
Injured person in which vehicle?	FW2528P
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

WITNESS DETAILS

WITNESS 1

Name	ANDI
Phone	(Phone) +65-96470537
Email	-

WITNESS 2

Name	SWANDI
Phone	(Phone) +65-84330519
Email	-

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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:


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


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

A. 7W2528P
B. 8W113356H

NORTH CANAL ROAD

REFER TO POLICE REPORT. 20210819/2099

I/We declare the foregoing particulars are true in every respect.

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:


**SINGAPORE
POLICE FORCE**


T/20210819/2099

1 of 3

Report No. T/20210819/2099

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/08/2021 17:59	Vide Report No.:	Station Diary No.: 65
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Informant's Particulars

Name of Informant: MOHAMAD ANUAR BIN ABDUL		Address: APT BLK 273D JURONG WEST AVENUE 3 #04-57 SINGAPORE 644273	
ID Type / ID No.:	NRIC NO / S70228141	Contact No.:	Mobile: 96929470
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 51	Date of Birth: 10/07/1970	Type of Informant: Rider
Race: Malay		Language: English	Institution / School Name:
Occupation: DISPATCH RIDER		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: 17/08/2021 16:10	Type of Location: Roundabout
Location: NORTH CANAL ROAD				
Weather: Clear		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: SKIDDED			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FW2528P	Motorcycle	YAMAHA	RXZ	Red	Totally Damaged	0
SMH3356H	Car				No Damage	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FW2528P	MSIG INSURANCE (SINGAPORE) PTE. LTD.	300266796	17/02/2021	16/02/2022


**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999



T/20210819/2099

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Report No. T/20210819/2099

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Rider			
Name	MOHAMAD ANUAR BIN ABDUL	ID No.	S7022814I
Related Vehicle	FW2528P (Motorcycle)	Contact No.	96929470
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	18/08/2021	Date Discharge	19/08/2021
No. of Days granted Medical Leave	14	Degree of Injury	Slight


Brief Details.


On the above mentioned date, time and location, I was riding my bike bearing the plate number FW2528P along North Canal Road towards Merchant Road. As I was riding I noticed there were vehicles at the traffic light junction of me making a right turn. I continue riding ahead as I know I had the right of way. As I was approaching the traffic light junction, I noticed a car bearing the plate number SMH3356H in front of me. His car seemed like it has passed the pocket. I immediately. Subsequently, I fell off my bike and landed in front of his car. My bike fell onto my legs and I could not stand. I asked for assistance from other riders around the area. Once they have lifted my bike, I was able to stand. Ambulance and police were at scene. I was conveyed. I sustained injuries such as fractured rib, abrasions on my left shoulder, left elbow, left knee and left feet. My bike sustained damages such as broken fairing, broken clutch lever and broken gear lever. I would like to state that I seek medical treatment on the 17/08/2021 but was called back by the doctor as my rib was broken. I was warded on 18/08/2021 and was discharged on 19/08/2021. I am lodging this report for insurance purposes.

(Draft)

POLICE REPORT #3

IN 11P - 1510P

**SINGAPORE
POLICE FORCE**


T/20210819/2099

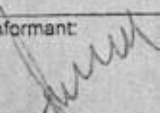
3 of 3
Report No. T/20210819/2099

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

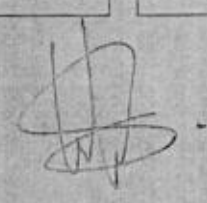
CONTINUATION OF REPORT

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 65474865 stating the **report number** as reference.

Signature Of Officer Recording The Report: J / SC2 MUHAMMAD NUR HAKIM BIN SABIRIN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 19/08/2021 17:59
Officer In Charge Of Case: TP / GIT / Staff Sgt SUFIYAN BIN KHAIRI Contact No.: 65476390	Classification Of Case:

Authentication Stamp
NP168





HS AUTOMOTIVES PTE LTD

Blk 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921.

TEL: 6538 1368 FAX: 6538 1367 Email add: hsaautomotivespl@gmail.com

VEHICLE NO: FW 0528P MAKE/MODEL: YAMAHA

DATE OF ACCIDENT 17.08.2021 TIME 18 HR 10 MIN AM / PM
DAY/MONTH/YEAR

LOCATION OF ACCIDENT NORTH CANAL ROAD

EXACT PURPOSE USE DURING ACCIDENT WORKING

CAR OWNER

NAME OF CAR OWNER MUHAMMAD ANUAR BIN ABUL

CONTACT NO 96929470 821PHK38@gmail.com

NRIC S70228747

CLAIM TYPE ☐ OD ☒ THIRD PARTY ☐ REPORTING ONLY

INSURANCE COMPANY _____

TYPE OF COVERAGE ☐ COMPREHENSIVE ☒ THIRD PARTY ☐ THIRD PARTY FIRE & THEFT

POLICY NO _____

ACCIDENT DRIVER ☐ AS ABOVE ☐ IF NOT- KINDLY FILL IN BELOW

NAME OF DRIVER As Above

NRIC S70228747 NO OF PASSENGER/S 0

DATE OF BIRTH 10.07.1970

OCCUPATION _____ ☒ OUTDOOR ☐ INDOOR

DATE OF DRIVING PASS 01.03.1989

GENDER ☒ MALE ☐ FEMALE

CONTACT NO 96929470

ADDRESS _____

DRIVER OWN ANY VEHICLE NO/ IF YES- REGISTRATION NO _____

RELATIONSHIP EMPLOYEE/SPOUSE IF NOT: OWNER

WEATHER CONDITION ☐ CLEAR ☒ RAINING OTHER: _____

ROAD SURFACE ☐ DRY ☒ WET OTHER: _____

ANY INJURIES NO/ IF YES- NAME: As Above.

CONTACT NO _____

POLICE REPORT NO/ IF YES- LOCATION: _____

VIDEO FOOTAGE ☒ NO/ YES

3RD PARTY INFO

VEHICLE B NO SMH 33564 NO OF PASSENGER/S ☐

NAME _____

CONTACT NO _____

VEHICLE C NO _____ NO OF PASSENGER/S ☐

VEHICLE D NO _____ NO OF PASSENGER/S ☐

VEHICLE E NO _____ NO OF PASSENGER/S ☐

VEHICLE F NO _____ NO OF PASSENGER/S ☐

ANY WITNESS _____

WITNESS CONTACT NO _____



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

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

MOTORCYCLE
Third Party Only

Certificate No. D 300266796 VMP

Excess : NIL

Windscreen Excess : NIL

1. Index Mark and Registration Number of Vehicle
FW2528P
2. Name of Policyholder
Mohamad Anuar bin Abdul
3. Effective Date of the Commencement of Insurance for the purposes of the Act
17/02/2021
4. Date of Expiry of Insurance
16/02/2022
5. Persons or Classes of Persons entitled to drive*
Mohamad Anuar bin Abdul
- *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 for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. 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 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

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Craig Ellis
Chief Executive Officer