

NATIONAL Assessment Centre Services

Date In: 27/08/21	Job description	Date & Time Completed	Done by
Ref No: NA/MSG21009037/13	SAS e-filing		
Veh No: FBG9406T	E-mail (within 8hrs, AP 2hrs)		
D.O.A: 25/08/21 1330	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: FBJ3297P	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

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st 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: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q11:		
	*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 (N-in INC) against INC \$20		
	9) N12: Idac 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	27/08/2021 17:19 (SGT)
Date of Accident	25/08/2021 13:30 (SGT)
Exact Location of Accident	Punggol Dr., Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG9406T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MOHAMMAD SOPHIAN BIN JOHARI
NRIC No	SXXXX805E
Email Address	yan_sbj@yahoo.com.sg
Mobile Phone No	(Phone) +65-96889171
Alternative Phone No	+65-96889171

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	JUPITER
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	134

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	-
Cover Note Number	60938330

DRIVER

Name of Driver	MOHAMMAD SOPHIAN BIN JOHARI
NRIC No	SXXXX805E

Date Of Birth	14/06/1980
Occupation	Outdoor
Date Of Driving Pass	05/07/2001
Driving experience	20 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96889171
Alt. Phone Number	+65-96889171
Email Address	yan_sbj@yahoo.com.sg
Address	BLK 130 RIVERVALE STREET
Address complement	#09-884
Postcode	540130
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	Side Swipe
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 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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210826/7003

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	FBJ3297P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle

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	MOHAMMAD SOPHIAN BIN JOHARI
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	FBG9406T
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN


IMPORTANT NOTICE

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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.

 22/8/21
Policyholder's Signature / Date & Time

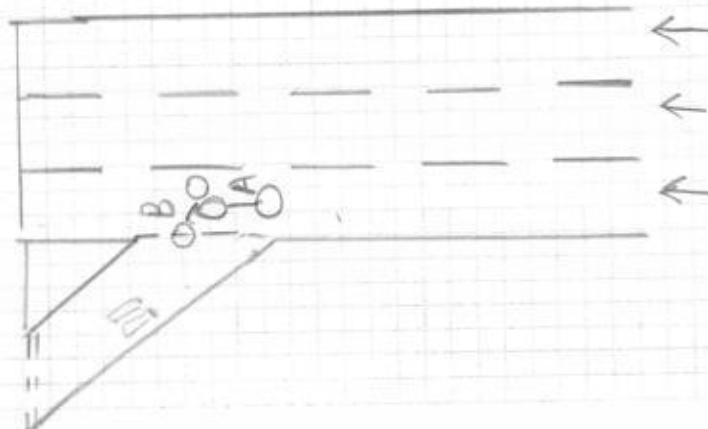
Driver's Signature (If driver is not the policyholder) / Date & Time

 27/08/21
Witnessed by Reporting Centre Personnel

Sketch Plan

PUNGGOL DRIVE

A - FB694067
B - FB32974



Pls refer to the police report: T/20210826/7003.

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre
Personnel



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/08/2021 10:12		Vide Report No.: F/20210825/0099		Station Diary No.:	
Informant's Particulars					
Name of Informant: MOHAMMAD SOPHIAN BIN JOHARI			Address: 130 RIVERVALE STREET #09-884 SINGAPORE 540130		
ID Type / ID No.: NRIC NO / S8016805E			Contact No.: Home/Office: Mobile: 96889171		
Nationality: SINGAPORE CITIZEN			Email: yan_sbj@yahoo.com.sg		
Sex: Male	Age: 41	Date of Birth: 14/06/1980	Type of Informant: Rider		
Race: Malay		Language: English		Institution / School Name:	
Occupation: Other electronics engineering technicians		Driving Licence Information: Class: 2B Date of Expiry:			

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/08/2021 13:30	Type of Location: X-Junction
Location: PUNGGOL DRIVE				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit: 70 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBJ3297P	Motorcycle					0

Details of Person Involved

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



SINGAPORE
POLICE FORCE



T/20210826/7003

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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20210826/7003

CONTINUATION OF REPORT

Rider			
Name	MOHAMMAD SOPHIAN BIN JOHARI	ID No.	S8016805E
Related Vehicle	FBJ3297P (Motorcycle)	Contact No.	96889171
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry	Class: 2B Date of Expiry: NIL
Date	25/08/2021	Date	25/08/2021
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On 25/08/2021 at about 1.30pm, I was riding my motorcycle plate number FBG 9406 T along Punggol Drive towards junction of Edgefield Plains. I was travelling on lane 3 out of 3 lanes. Upon reaching the junction of Punggol Drive and Edgefield Plains, one motorcycle plate number FBJ 3297 P was travelling ahead of me on the same lane. Out of a sudden, the said motorcycle swerve his vehicle to his left going towards the Edgefield Plains exit. I did not manage to stop in time or react. The front part of my vehicle collided on his left side of his vehicle. Together with my motorcycle I fell on my left side of my body causing injuries to my left elbow, arm, knee and thigh area. My left calf was stuck under my motorcycle and my right leg was stuck between mine and his motorcycle. So to say his motorcycle was on top my right leg. He admitted his mistake for doing the sudden swerve without checking the blind spot properly when we were talking on the side road after the incident.



SINGAPORE
POLICE FORCE



T/20210826/7003

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Report No. T/20210826/7003

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
MOHAMED SUFIAN BIN MOHAMED JUNID
Contact No.: 65476247

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
26/08/2021 10:12

Classification Of Case:

ACCIDENT STATEMENT

27/08/21
waiting for
motorcycle ✓

ACCIDENT DATE: (25 / 08 / 21) (DD/MM/YYYY), TIME: (13 : 30) (HH:MM)

LOCATION: PUNGOL DRIVE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBL94061
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER: 60938230
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: YAMAHA JUPITER
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)
 IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY

2. INSURED / POLICY HOLDER

- A) NAME: MUHAMMAD SOPHAN BIN JOHAR (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8016805E CONTACT: 96889171
 c) ADDRESS: BLK 130 RIVERVALE ST
#09-884 (S40130)

* 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: (14 / 06 / 1980) (DD/MM/YYYY)

- e) OCCUPATION: (INDOOR / OUTDOOR)
 f) YEARS OF DRIVING EXPERIENCE: 05 / 07 / 2001

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____
 b) ROAD SURFACE: (DRY / WET / OTHERS) _____
 6. WAS ANYBODY INJURED (YES / NO) CONVET
 7. a) REPORTED TO POLICE (YES / NO) (YES)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FBJ3297P 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: _____

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

Email = yan-sbj@yashoo.com.sg

fax =

video =

**MSIG**

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

For any enquiries please call the Underwriting agent : WTT Insurance Agencies Pte Ltd
5001 Beach Road #02-77/78 Golden Mile Complex Singapore 199588 Tel : 62946259 / 62965445

MOTOR CYCLE COVER NOTE

(Strictly for Motor Cycle Insurance)

MSCN No : 60938330

Excess: \$300 (FIRE&THEFT) \$600 (ENDT 2K)

Date : 04 Jan 2021

Agency : A0633-001-W0851

Name : MOHAMMAD SOPHIAN BIN JOHARI

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 Fire & Theft Policy applicable thereto for the period from 00:01AM on 25 Jan 2021 to midnight on 24 Jan 2022 unless the cover be terminated by the Company by notice in writing in which case insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDULE

Registration No.	FBG9406T	Insured Value	Prevailing Market Value
Engine No.	50C463100	C.C.	134
Chassis No.	MH350C002CK462887		
Year Manufactured	2012	Year of Registration	2013
Make & Model	YAMAHA [JUPITER MX (HC)]		
Rider Type	Policyholder		

Use only for the following purpose : social domestic and pleasure purposes and in connection with policyholder's business or profession.

CERTIFICATE OF INSURANCE

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.

IMPORTANT

Please be informed that this cover note is issued for temporary use only and that you must exchange the cover note for the certificate of insurance from the respective agents within 14 days hereof.

For MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurer

Not valid unless countersigned by Authorized Person

MSD/VMS/20-506820

60892360

(Please read important information on the reverse page.)