

# NATIONAL Assessment Centre Services

SL0821A50001

Date In: 20/10/2021 11:19	Job description	Date & Time Completed	Done by
Ref No: XNAMS621010779/4	SAS e-Milling		
Veh No: PCN 59760	E-mail (Vehicle Mtr, A/C filter)		
D.O.A: 15/10/2021 17:55	1-Motor Claim Form		
	1-Motor W/O (Within 90 days TP 4hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
	Asst Report by New/Hand to Owner/Vision		

(1) TP / Reporting Only

TP Insured:

Preferred Wksp / INO Assessor Wksp / QW:

TP Handled by:

Veh No:

PC 3697P

INC ( ) / Non-INC ( )

Tel:

Fax:

Owner / Driver ( )

Cover Type ( )

Policy No ( )

Period ( )

Date:

TP Insured

Confirmed by ( )

Insured/Driver Liability ( )

% (Note-Use Slows (WO): NI 0-20%, PI 21-79%, P 80-100%)

Year of Registration ( )

Warranty Y/N ( ) / NO ( )

Excess ( )

Loading \$1,000 ( ) / \$2,000 ( )

( ) Walk-In Customer / Customer's Information strictly Confidential & strictly NO Referral of reputation

( ) Total Loss Case / to e-mail Insurer URGENTLY

Drive-In ( ) / Towed-In ( ) / Invoice Y/N ( ) / NO ( ) / Towing Co ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Recovery Photo (Repair Costs > \$3,000) ( )

Injury:

Driver/Owner	1) All Accident Insurance ( )	
Contract No	2) BA Survey / Assessment (\$1000) ( )	
Contracted Portion	3) TP / Towing Fee	
QC Checked by (Engr-In-Charge):	4) TP / Follow-up with Survey	
	5) TP / Follow-up with Survey (Recovery)	
	6) TP / Follow-up with Survey (TP Only) ( )	
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	100) TP / Follow-up with Survey	

# 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	20/10/2021 11:19 (SGT)
Date of Accident	15/10/2021 17:55 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	NEAR EXIT 12 TOWARDS KALLANG BAHRU
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN5976D
INSURED/POLICYHOLDER	
Is company?	No
Name of Registered Owner	MUHAMMAD AFIQ BIN ZAHIS
NRIC No	SXXXX336G
Email Address	afiqz924@gmail.com
Mobile Phone No	(Phone) +65-94829927
Alternative Phone No	+65-94829927

## VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	SNIPER T150
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 - Reporting only
Vehicle Category	Motorcycle
Transmission	Manual
CC	150

## INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	MSD/VMS/21-516469-WTT
Cover Note Number	-

## DRIVER

Name of Driver	MUHAMMAD AFIQ BIN ZAHIS
NRIC No	SXXXX336G

Date Of Birth .....	25/04/1995
Occupation .....	Indoor
Date Of Driving Pass .....	30/01/2018
Driving experience .....	3 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-94829927
Alt. Phone Number .....	+65-94829927
Email Address .....	afiqz924@gmail.com
Address .....	BLK 41SIMS DRIVE #16-257
Address complement .....	-
Postcode .....	380041
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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 .....	Potong Pasir Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18002829999
Alt. Police Station Phone No .....	(Fax) +65-62815964
Police Station Address .....	Blk 142 Potong Pasir Avenue 3 #01-240 Singapore 350142
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND POLICE REPORT

#### 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 .....	PC3697P
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle

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) ..... -

## 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

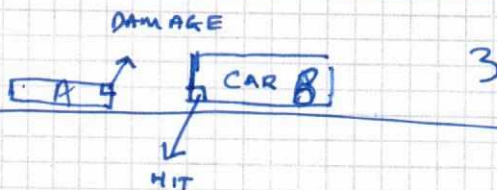
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan PIE NEAR EX-17 12 TOWARDS KALLANG BRIDGE



A) FBN 5976D

B) PC 3697D


**Describe Circumstances of the Accident**

WAS DOING FOOD DELIVERY ON 15/10/2021 AT 1755 HRS. I WAS TRYING TO CHANGE LANE ON LANE 3 TO LANE 2 & HIT THE VEHICLE ON THE RIGHT <sup>LOWER</sup> BUMPER.

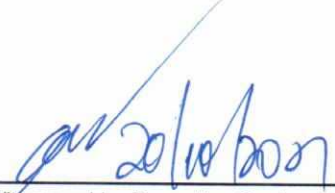
NOTICE OF REPORTING

**Declaration**

We declare the foregoing particulars are true in every respect.

 19/10/21 12:15pm  
Policyholder's Signature / Date & Time

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

 20/10/2021  
Witnessed by Reporting Centre Personnel



## NOTICE OF REPORTING

This is to confirm that MUHAMMAD AFIQ BIN ZAHIS (Hp: 9482 9927), NRIC: S9521336G has reported to the Police a non-injury traffic accident which occurred: at PIE NEAR EXIT 12 KALLANG BAHRU EXIT on 15/10/2021 at 18 00hrs involving the following vehicles:

V1) FBN5976D - Complainant

V2) PC3697P - Defendant

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.


Rank/Name of Issuing Officer: SGT Noor Haikal

Date: 15/10/2021 at 1940hrs

S/D Ref: 44

Police Post/Unit: Potong Pasir NPP

Original - to be issued to informant  
Duplicate - to be submitted to Traffic Police

  
SGT Noor Haikal  
Potong Pasir NPP  
15/10/2021

## ACCIDENT STATEMENT

ACCIDENT DATE: (15 / 10 / 2021) (DD/MM/YYYY), TIME: (17 : 55) (HH:MM)

LOCATION: EXIT 12 KALLANG BAHRU

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBN 54760  
b) INSURANCE COMPANY: MSIG  
c) POLICY NUMBER: MSD-VMS/21-516469-WT  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
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)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- A) NAME: MUHAMMAD AFIQ BIN ZAHIS (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S9B21336G CONTACT: 94829927  
c) ADDRESS: BLK 41 SENG DRIVE #16-287 S880041

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

#### DRIVER

- a) NAME: AS ARUM (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (25 / 04 / 1995) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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)

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: POTONG PASIR AREA N PC

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: PC 3697P MODEL: TOYOTA  
b) DRIVER'S NAME: MARALITHARAN S/O SAMBANTH MURTHI  
c) NRIC/FIN/PASSPORT: S69166950 CONTACT: 86509550

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

email =

VIDEO

# 1/ 2



MSIG

W 734701  
MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212I)  
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)  
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.

CERTIFICATE NO : MSD/VMS/21-516469-WTT A0633-001/W0805 S132286

JM INSURED : PMV

CESS : \$300 (FIRE & THEFT) \$600 (EMDP 2K)

S9521336G

Index mark and Registration Number of Vehicle PBN5976D

**YAMAHA**

150 c.c.

Name of Policyholder MUHAMMAD AZIQ BIN ZAHIS

Effective date of the Commencement of Insurance

for the purposes of the Act

0001AM 18/05/2021

Date of Expiry of Insurance

09/05/2022

Persons or Classes of Persons entitled to drive

a. The Policyholder.

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.

Limitation 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 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.

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.

18-05-21; 11:36 ; +65 6295 1630