

NATIONAL Assessment Centre Services

Date In: 27/10/21	Job description	Date & Time Completed	Done by
Ref No: CA/MS621011023/13	SAS e-filing		
Veh No: FBH2826E	E-mail (within 8hrs, APC 2hrs)		
D.O.A: 23/10/21 1705	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: SHC7064J 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 (\$)
1st Bill

Ant (\$)
Add Bill

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) RT : 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:-

Q1*

*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

Invoice dated Fee Charged

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

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 willful 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	27/10/2021 18:27 (SGT)
Date of Accident	23/10/2021 17:05 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH2826E
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SERANGOON AIR TRAVEL PTE LTD
Company Reg No	1XXXXX068H
Email Address	easi2000@gmail.com
Mobile Phone No	(Phone) +65-65917160
Alternative Phone No	+65-81803619

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Cb125
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	125

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	MSD/VMT/21-423316-CA
Cover Note Number	-

DRIVER

Name of Driver	BASHEER AHAMED MOHSIN AHAMED
NRIC No	SXXXX865F



Date Of Birth	29/08/1994
Occupation	Indoor
Date Of Driving Pass	19/05/2021
Driving experience	5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92374173
Alt. Phone Number	-
Email Address	easi2000@gmail.com
Address	BLK 38 CAMBRIDGE ROAD
Address complement	#03-135
Postcode	210038
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Raining
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	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/20211023/7025

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	SHC7064J
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	BASHEER AHAMED MOHSIN AHAMED
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS
Injured person in which vehicle?	FBH2826E
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.

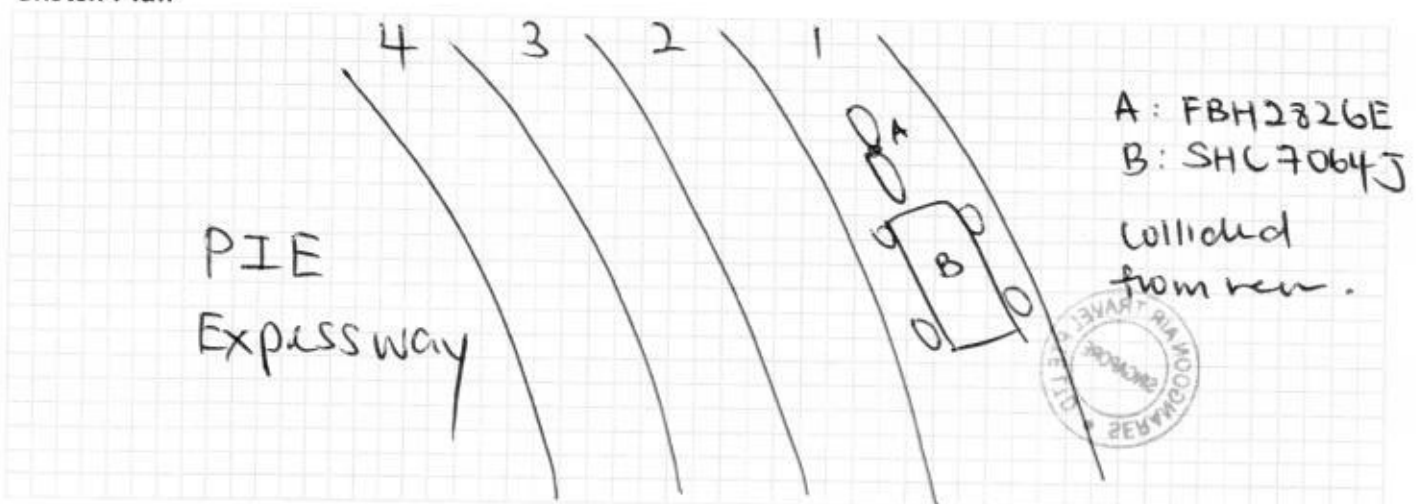


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to police report

T/20211023/7025



Declaration

We declare the foregoing particulars are true in every respect.



[Signature]

Policyholder's Signature / Date & Time

[Signature]

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

[Signature]

07/10/21

Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20211023/7025

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

1 of 3

Report No. T/20211023/7025

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/10/2021 19:58	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: BASHEER AHAMED MOHSIN AHAMED			Address: 38 CAMBRIDGE ROAD #03-135 SINGAPORE 210038	
ID Type / ID No.: NRIC NO / S9470865F			Contact No.: Home/Office: Mobile: 92374173	
Nationality: SINGAPORE CITIZEN			Email: EASI2000@GMAIL.COM	
Sex: Male	Age: 27	Date of Birth: 29/08/1994	Type of Informant: Rider	
Race: Indian			Language: English	Institution / School Name:
Occupation: Mechanical engineer (general)			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/10/2021 17:05	Type of Location: Bend
Location: PAN ISLAND EXPRESSWAY				
Weather: Raining		Road Surface: Wet		Road Speed Limit: 80 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBH2826E	Motorcycle				Seriously Damaged	0
SHC7064J	Car				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20211023/7025

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

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Report No. T/20211023/7025

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	BASHEER AHAMED MOHSIN AHAMED	ID No.	S9470865F
Related Vehicle	FBH2826E (Motorcycle)	Contact No.	92374173
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	23/10/2021	Date	23/10/2021
No. of Days granted Medical Leave	07	Degree of	Serious

Brief Details.

On 23/10/2021, at about 5.05pm, I was riding my motorcycle bearing registration number FBH2826E on PIE towards Tuas on Lane 1 after BKE exit when a taxi, bearing registration number SHC7064J collided into me.

I was injured and I went to UNIHEALTH 24-HR CLINIC (JURONG EAST) and was given a 7 days MC.



**SINGAPORE
POLICE FORCE**



T/20211023/7025

3 of 3

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

Report No. T/20211023/7025

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 / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

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

Date/Time:
23/10/2021 19:58

Classification Of Case:

27/10/21
on my
table

Date of Accident : 23/10/21 Accident Time: 17:05hrs (24-HR-Format)
Accident Place : PAN ISLAND EXPRESSWAY
Vehicle No. (Car Plate No.) : FBH2826E Make/Model: HONDA CB125E
Insurance Company : MSIG Policy No: MSD/VMT/21
Owner or Company Name /IC No. : SERANGOON AIR TRAVEL PTE LTD -423316-0
Owner or Company Contact No. : 81803619 Owner's Hp 65917160 Company Tel
DRIVER'S Name / IC No. : BASHEER AHAMED MOHSIN AHAMED
DRIVER'S Date Of Birth : 29/08/94 DRIVER'S License Pass Date 27/02/15
Relationship of Owner & Driver : ~~Spouse~~ ~~Parents~~ ~~Children~~ ~~Sibling~~ ~~Employee~~ ~~Others~~
DRIVER'S Address : BLK 38 CAMBRIDGE ROAD #03-135 21000
DRIVER'S Contact No./ Alt No. : 1) 92374173 2) _____
DRIVER'S Occupation : INDOOR ~~OUTDOOR~~ (e.g. working inside or outside office)
Email Address : easi2000@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): 1
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): YES

Other Party Driver's Particular (if any)

Vehicle No: <u>SHC7064J</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: <u>96856066</u>	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

waiting company stamp ✓
CI ✓



MSIG

MSIG Insurance (Singapore) Pte. Ltd. (In Reg. No. 200412212G)
4 Shenton Way, # 21-01, SGX Centre2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7800
msig.com.sg

CA 552427

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.

CERTIFICATE NO : MSD/VMT/21-423316-CA A0074-001/10001

SUM INSURED : TPL
EXCESS : NIL

1. Index mark and Registration Number of Vehicle FBH2826E
HONDA 125 c.c.
2. Name of Policyholder SERANGOON AIR TRAVEL PTE LTD
3. Effective date of the Commencement of Insurance
for the purposes of the Act 1201AM 07/05/2021
4. Date of Expiry of Insurance 08/05/2022

5. Persons or Classes of Persons entitled to drive
a. Any person who is driving on the Policyholder's order
or with their permission.

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.

6. 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 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."

25/03/2021 (SL)
CA/CI-03 (05/13)

COMMERCIAL AGENCY PTE. LTD.

Underwriting Agent
For MSIG Insurance (Singapore) Pte. Ltd.