

NATIONAL Assessment Centre Services SM0822360906

Date In: 21/08/2022 16:19	Job Description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: ABA/MSG2000X824	E-mail (within 2hrs. After 2hrs):		
Veh No: FBC 4700 Y	i-Motor Claim Form		
ETA: 07/08/2022 00:15	i-Motor W/O (Within 1st 2hrs. 1st 4hrs)		
OD: TP Reporting Only	i-Photo Uploaded		
TP Insured	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()		Tel: ()	Fax: ()
TP Particulars:	Veh No: ST 10858	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		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:-	5) FT: Follow-Through Survey (Resurvey) \$30		
Cat 1:	For claiming against INC Only (wef 10 Jan 2015)		
Cat 2/3:	6) TR: Re-inspection \$15		
	7) N1: 1 day DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	9) N12: 1 day Mobile		
	10) N1: 1 day DA + SMRT Survey \$160		
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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	21/03/2022 16:19 (SGT)
Date of Accident	07/03/2022 00:15 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBC4700Y
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	IZRAF BIN IDRIS
Passport No/FIN	GXXXX225P
Email Address	royston@smr.com.sg
Mobile Phone No	(Phone) +65-84524011
Alternative Phone No	+65-84524011

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	t135
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	135

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	-
Cover Note Number	CN51006503

DRIVER

Name of Driver	IZRAF BIN IDRIS
Passport No/FIN	GXXXX225P

Date Of Birth	29/09/1984
Occupation	Outdoor
Date Of Driving Pass	09/04/2021
Driving experience	11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84524011
Alt. Phone Number	+65-84524011
Email Address	royston@smr.com.sg
Address	42 CARPENTER STREET
Address complement	JAYLEEN 1918 HOTEL
Postcode	-
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

PLEASE REFER TO SKETCH AND POLICE REPORT T/20220307/2042 (TYPE OF COLLISION IS HEAD TO SIDE)

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	SLT1045S
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	IZRAF BIN IDRIS
Gender	Male
Phone No	(Phone) +65-84524011
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBC4700Y
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

WITNESS DETAILS

WITNESS 1

Name	UNKNOWN
Phone	(Phone) +65-93636594
Email	-


SKETCH PLAN


IMPORTANT NOTICE

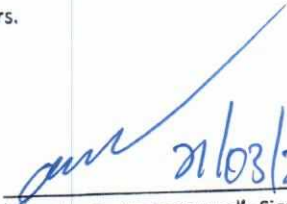
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:

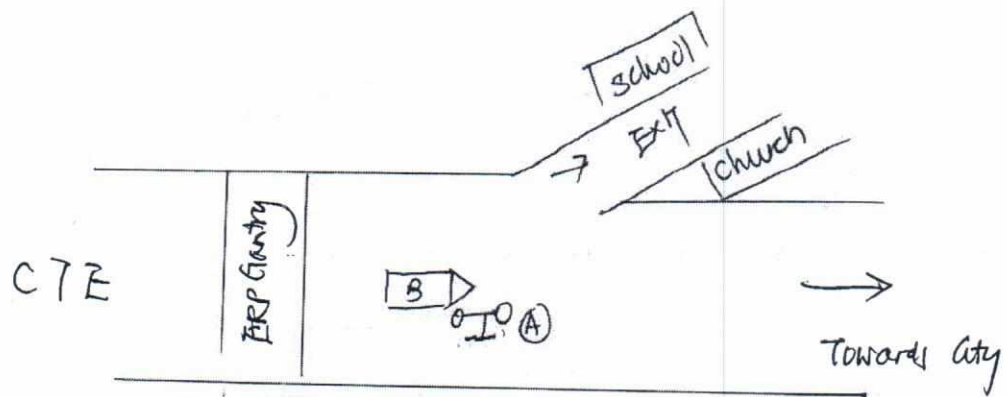
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:

SKETCH PLAN



(A) FBC4700Y

(B) SLT1045S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While I was riding along CTE towards City on 7 Mar 22 at about 12:15am, suddenly a car on my left side hit onto my bike after the ERP Gantry.

The impact force was very strong that caused me fall on the road.

I was convey by ambulance to TTS Hospital with 5 days MC.

I got a witness that forwarded me the accident video clip that the car hit my bike.


My witness H/P : 9363 6594


Police Report 7/20220307/2042

DECLARATION

I/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:

 21/03/2022
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20220307/2042

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

1 of 3

Report No. T/20220307/2042

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/03/2022 14:24		Vide Report No.: F/20220307/0016		Station Diary No.:	
Informant's Particulars					
Name of Informant: IZRAF BIN IDRIS		Address: C/O 42 CARPENTER STREET JAYLEEN 1918 HOTEL SINGAPORE 059921			
ID Type / ID No.: FIN NO / G2074225P		Contact No.: Home/Office: Mobile: 84524011			
Nationality:		Email:			
Sex: Male	Age: 37	Date of Birth: 29/09/1984	Type of Informant: Rider		
Race: Malay		Language: Malay		Institution / School Name:	
Occupation:		Driving Licence Information: Class: 2B,3C		Date of Expiry: 03/05/2026	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/03/2022 00:15	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBC4700Y	Motorcycle	YAMAHA	T135	White	Seriously Damaged	1
SLT1045S	Car				No Damage	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBC4700Y	MSIG INSURANCE (SINGAPORE) PTE. LTD.	CN51006503	15/12/2021	14/12/2022



**SINGAPORE
POLICE FORCE**



T/20220307/2042

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Report No. T/20220307/2042

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

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	IZRAF BIN IDRIS	ID No.	G2074225P
Related Vehicle	NIL	Contact No.	84524011
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3C Date of Expiry: 03/05/2026
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON 07/03/2022 AT ABOUT 0030HRS, I WAS RIDING BACK HOME FROM DINNER. AS I WAS RIDING BACK HOME, 1 CAR SLT1045S HIT ME AT THE SIDE OF MY BIKE CAUSING ME TO FALL AND MY BIKE WAS TOTALLY DAMAGED. I WAS CONVEYED TO TAN TOCK SENG HOSPITAL AND MY BIKE WAS TOWED TO TP POUND. I CAME TO TPHQ TO LODGE A TRAFFIC ACCIDENT REPORT. MY ACCIDENT HAPPENED AT CTE AYE 8KM. I MADE A TRAFFIC REPORT TO CLAIM INSURANCE FROM THE ANOTHER PARTY THAT HAD HIT ME. THATS ALL.



**SINGAPORE
POLICE FORCE**



T/20220307/2042

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

3 of 3

Report No. T/20220307/2042

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:
TP / Other DANISH IRWANSHAH
BIN SUPRAT

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
STAFF SGT SYED MUHAMMAD ISA BIN
OMAR ALHABSHEE
Contact No.: 65476214

NP168

Signature Of Informant:

Date/Time:
07/03/2022 14:24

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature:

Date of Accident : 7 Mar 2022 Accident Time: 0015 (24-HR-Format)
 Accident Place : C7E
 Vehicle No. (Car Plate No.) : FBC4700Y Make/Model: Yamaha T135
 Insurance Company : MSIG Policy No: CN57006503
 Owner or Company Name /IC No. : _____
 Owner or Company Contact No. : _____ Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : IZRAF BIN IDRIS G 2074225P
 DRIVER'S Date Of Birth : 29/9/1984 DRIVER'S License Pass Date 9/4/2021
 Relationship of Owner & Driver : ~~Spouse~~ ~~Parents~~ ~~Children~~ ~~Sibling~~ ~~Employee~~ Others: Owner
 DRIVER'S Address : 42 Carpenter Street Jayleen 1918 Hotel
 DRIVER'S Contact No./ Alt No. : 1) 84524011 2) _____
 DRIVER'S Occupation : ~~INDOOR~~ \ OUTDOOR (e.g. working inside or outside office)
 Email Address : royotan@smr.com.sg
 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): _____

Other Party Driver's Particular (if any)

Vehicle No: <u>SLT 1045S</u>	Vehicle No: _____
Vehicle Make\Model: _____	Vehicle Make\Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

*** NEW - Passenger's name & gender:**



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

MOTOR INSURANCE COVER NOTE

In consideration of the Insured having paid or agreed to pay the premium, the risk detailed below is HELD COVERED for the Period of Insurance, subject to the terms and conditions of the Company's usual form of policy.

This Cover Note is valid for 30 days from the Date of Issue.

Date of Issue	:	29/11/2021
Cover Note No.	:	CN51006503
Existing Policy No.	:	-
Intermediary Name	:	H L Motor Service
Name of Insured	:	IZRAF BIN IDRIS
Named Driver	:	IZRAF BIN IDRIS
Make and Model of Vehicle	:	Yamaha T135
Vehicle Registration No.	:	FBC4700Y
Year of Manufacture	:	2007
Engine No.	:	5YP008106
Chassis No	:	5YP008106
Capacity	:	135.00 C.C.
Cover	:	Third Party Cover
Sum Insured	:	Not Applicable
Period of Insurance	:	15/12/2021 To 14/12/2022
Excess	:	As Agreed
Finance Company	:	H L Motor Service
Vehicle for Commercial Purpose	:	No
Food Delivery Use	:	No

I/We hereby certify that this Cover note is issued in accordance with the Provisions of the Motor Vehicles(Third Party Risks & Compensation) Act (Cap. 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment Act or Acts passed in substitution thereof.

SIGNED FOR AND ON BEHALF OF THE COMPANY

Craig Ellis
Chief Executive Officer
MSIG Insurance (Singapore) Pte. Ltd.