

# NATIONAL Assessment Centre Services

Date In: 11/05/22	Job description	Date & Time Completed	Done by
Ref No: CA/m542200439/13	SAS e-filing		
Veh No: FBJ1634M	E-mail (within 3hrs, APC 2hrs)		
D.O.A 10/05/22 1440	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: SNA4085H 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	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005)		
Auditors' Comments :-	6) TR: Re-inspection \$75		
Cat. 1:	7) N1: Idac DA + SMRT Survey \$160		
Cat. 2 / 3:	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 date: Fee Charged		
	Expiry date: 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 ..... 11/05/2022 14:10 (SGT)  
Date of Accident ..... 10/05/2022 14:40 (SGT)  
Exact Location of Accident ..... Jln Tan Tock Seng, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBJ1634M

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... HEDHER BIN OTHMAN  
NRIC No ..... SXXXX089G  
Email Address ..... hedher@gmail.com  
Mobile Phone No ..... (Phone) +65-94240477  
Alternative Phone No ..... +65-94240477

#### VEHICLE PARTICULARS

Manufacturer ..... Sym  
Model ..... JOYMAX 300I CVT  
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 ..... 278

#### INSURANCE COMPANY

Name of Insurance Company ..... MSIG Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... A 300514985 VMP  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... HEDHER BIN OTHMAN  
NRIC No ..... SXXXX089G

Date Of Birth	05/03/1974
Occupation	Indoor
Date Of Driving Pass	28/01/1997
Driving experience	25 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94240477
Alt. Phone Number	+65-94240477
Email Address	hedher@gmail.com
Address	BLK 302 HOUGANG AVE 5
Address complement	#03-451
Postcode	530302
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?	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

#### 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	SNA4085H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	EDDY PAULRY EDWARDS@EDDIE PAUL
NRIC No	SXXXX354C
Contact Number	(Phone) +65-96246639
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.
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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.

Policyholder's Signature / Date & Time

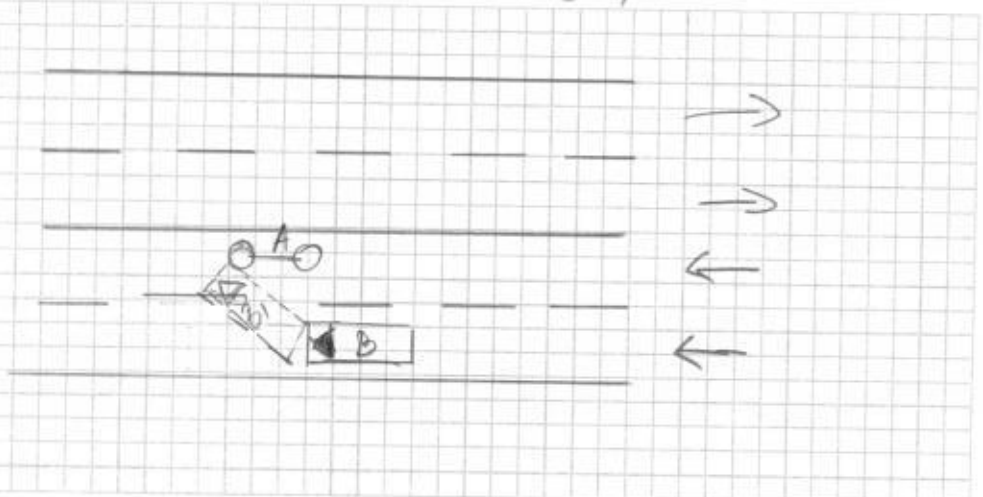
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

### Sketch Plan

JALAN TAN TOCK SENG

A - FBT1634M  
B - SNA4085H



### Describe Circumstances of the Accident

On Today 10/5/2022 @ 1410hrs I was riding my motorbike SYM 200 reg. FBT1634M along Jalan Tan Tek Leng towards Moulmein Rd. As I was riding along the said road, one Toyota blue color SNAY085H was parking on the left side of the road. As I was approaching to the rear, the driver made a sudden right turn into my path lane. and his veh hit onto my left front side of my bike. my bike sustained damage; left side mirror dropped, handle bar left side damaged. scratches on the front & back of my bike.


### Declaration

We declare the foregoing particulars are true in every respect.

 10/5/2022

Policyholder's Signature / Date & Time

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

 11/05/22  
Witnessed by Reporting Centre Personnel



## ACCIDENT STATEMENT

ACCIDENT DATE: 10/05/22 (DD/MM/YYYY), TIME: 14:40 (HH:MM)

LOCATION: JALAN TAN TOCK SENGA

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBJ1634M  
b) INSURANCE COMPANY: MSIG  
c) POLICY NUMBER: A 300514985 VMP  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: SYM 300 AUTO/MANUAL  
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: HEDHER BIN OTHMAN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S74060896 CONTACT: 94240477  
c) ADDRESS: BLK 303 HOUGANG AVE 5  
#03-451 (30530302)

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

#### DRIVER

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

\*d) DATE OF BIRTH: 05/03/1974 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 28/01/1997

### 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: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SN440854 MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: EDDY PAULEY EDWARDS EDDIE PAUL  
c) NRIC/FIN/PASSPORT: S2018354C CONTACT: 96246639

### 9. THIRD PARTY VEHICLE

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

\*No of passengers  
(Including driver)  
(1)

\*No of passengers  
(Including driver)  
( )

\*No of passengers  
(Including driver)  
( )

to be confirmed  
TP or RP

Email = hedher@gmail.com

fax =

VIDEO = 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**

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 Fire And Theft**

Certificate No. A 300514985 VMP

Excess : SGD500

Windscreen Excess : NIL

1. **Index Mark and Registration Number of Vehicle**  
FBJ1634M
2. **Name of Policyholder**  
HEDHER BIN OTHMAN
3. **Effective Date of the Commencement of Insurance for the purposes of the Act**  
20/01/2022
4. **Date of Expiry of Insurance**  
19/01/2023
5. **Persons or Classes of Persons entitled to drive\***  
HEDHER BIN OTHMAN  
 \*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 a Amendment, Act or Acts passed in substitution thereof.

**MSIG Insurance (Singapore) Pte. Ltd.**  
 Approved Insurers

Craig Ellis  
 Chief Executive Officer