

Date Of Driving Pass: 06/08/1995
 Driving Experience: 26 YEARS AND 11 MONTHS
 Gender: []
 Mobile Number: 10/08/2022 14:52
 Email Address: CBA/msc22007590/y
 Address: 560417
 Postcode: FBC 9613H
 Is the driver the policyholder? []
 Does Driver Own Car: 09/08/2022 16:24
 Insurance Company of Other Vehicle Owned by Driver: OD TR Reporting Only

GENERAL INFORMATION OF THE ACCIDENT
 Type of Accident: []
 Weather Conditions: []
 Road Surface: []
 Collision: Cross Junction
 Clear: []
 Dry: []
 Ass't Report by: Fax / Hand to Owner/Wksp

OTHER INFORMATION
 Preferred Wksp / INC Assign Wksp / QW: ()
 Tel: () Fax: ()
 TP Particulars: Veh No: GBB 133R INC () / Non-INC ()
 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?)
 Insured Driver Liability: () % (Note - Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%)
 Translater's ID: ()
 Translater's email: ()
 Original process used in the statement: Loading: \$1,000 () / \$2,000 ()

General Remarks
 () Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.
 Was the accident reported to the police? No
 Was notice by the repairer given? to e-mail Insurer URGENTLY.
 If yes, against whom?)
 Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

CIRCUMSTANCES OF ACCIDENT
 Remarks: () ()
 REFER TO REPORT
 1) Apply for Transport Allowance () / Courtesy Car ()
 2) QC Check/ Post Repair Inspection ()
 Are accident photos available (see attachment)? []
 Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1
 Vehicle Registration Number: SHC4781Z
 Vehicle Manufacturer: []
 Vehicle Model: []
 Vehicle Variant: []
 Vehicle Colour: []
 Vehicle Category: Taxi
 Name of Driver: []
 Contact Number: []

Accident report S N08227D0002 Page 2 of 35

Statement Particulars	Invoice Preparation Checklist	AM (S)	AM (S)
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
C Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors Comments:	5) PT: Follow-Through Survey (R:survey) \$30		
L 1:	6) TR: Re-inspection \$75		
L 2/3:	7) NI: Idno DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON*		
	*N3: 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: Idno Mobile \$0		
	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 Actual 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	10/08/2022 14:52 (SGT)
Reported by	Both
Date of Accident	09/08/2022 16:25 (SGT)
Exact Location of Accident	514 Bukit Batok Street 52, Singapore
Additional Location Information	CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBC9613H
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MOHAMED YASEEN S/O AHAMAD
NRIC No	SXXXX192A
Email Address	yaseenmd9876@yahoo.com.sg
Mobile Phone No	(Phone) +65-96875491
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Bajaj
Model	Pulsar
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	199

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	CN51013999

DRIVER

Name of Driver	MOHAMED YASEEN S/O AHAMAD
NRIC No	SXXXX192A
Date Of Birth	06/01/1969
Occupation	Indoor

Date Of Driving Pass	04/02/1998
Driving experience	24 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96875491
Alt. Phone Number	-
Email Address	yaseenmd9876@yahoo.com.sg
Address	BLK 514 BUKIT BATOK STREET 52 #11-540
Address complement	-
Postcode	650514
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

PLEASE REFER TO STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBB133R
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.
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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 Traffic Police Department for investigation.

6. This report will be forwarded by the insurers to 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.

msj 10/8/2022
Policyholder's Signature / Date & Time 13.10

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

10/10/2022
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

On 9/8/2022 at 4.20pm, I, Mohamed Yaseen s/o Ahmad was below my HDB block to meet my wife, when I heard a loud bang.

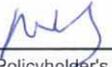
Noticed that my motorcycle parked in the carpark was hit by a van, GBB133R. I ran over to the motorcycle and the driver had reversed his vehicle.

Asked the van driver why he hit the motorcycle and he said his handbrake was not working properly. He don't want to report or give his particulars. I called the police at 911 and the police told me to make insurance claim and note down the van details.

My motorbike after this accident cannot straighten the front wheel. I have arranged for towing and repair on 10/8/2022.

Declaration

I/We declare the foregoing particulars are true in every respect.

 10/8/2022
Policyholder's Signature / Date & Time
13.10pm

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

 10/08/2022
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

ACCIDENT STATEMENT

ACCIDENT DATE: (9 / 8 / 2022) (DD/MM/YYYY), TIME: (16:25) (HH:MM)

LOCATION: BK 514, Bukit Batok St 52 Carpark

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBC 9613H
b) INSURANCE COMPANY: MSIG
c) POLICY NUMBER: CN51013999
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Bajaj Pulsar Pulsar 200 DS-1
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Personal
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: Mohamed Yaseen s/o Ahmad (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S6902192A CONTACT: 96875491
c) ADDRESS: BK 514, Bukit Batok St. 52, #11-540
Singapore 650514

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Mohamed Yaseen s/o Ahmad (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S6902192A CONTACT: 96875491
c) ADDRESS: As above

* d) DATE OF BIRTH: (06 / 01 / 1969) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 4 Feb 1998

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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: GBB133R MODEL: Van
b) DRIVER'S NAME: Uncontactable
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

Email = yaseenmd9576@yahoo.com.sg
VIDEO



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

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	:	04/08/2022
Cover Note No.	:	CN51013999
Existing Policy No.	:	-
Intermediary Name	:	Universal Motors Pte Ltd
Name of Insured	:	MOHAMED YASEEN S/O AHAMAD
Named Driver	:	MOHAMED YASEEN S/O AHAMAD
Make and Model of Vehicle	:	Bajaj Pulsar PULSAR 200 DTS-I
Vehicle Registration No.	:	FBC9613H
Year of Manufacture	:	2008
Engine No.	:	JCGBPM09234
Chassis No	:	MD2DHJCZZPCM06803
Capacity	:	199.00 C.C.
Cover	:	Third Party Cover
Sum Insured	:	Not Applicable
Period of Insurance	:	04/08/2022 To 03/08/2023
Excess	:	As Agreed
Finance Company	:	NA
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

Mack Eng
Chief Executive Officer
MSIG Insurance (Singapore) Pte. Ltd.