

NATIONAL Assessment Centre Services

Date In: 13/10/22	Job description	Date & Time Completed	Done by
Ref No: CA/MSG22010114/13	SAS e-filing		
Veh No: FBL79746	E-mail (within 8hrs, ALT 2hrs)		
DOA: 12/10/22 1850	i-Motor Claim Form		
OD TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SKB2016B	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		Ant (\$)	Ant (\$)
			1st Bill	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			
	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:-			
	ON*			
	*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 (N11 INC) against INC \$20			
	9) N12: Idac Mobile 30			
	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	13/10/2022 15:29 (SGT)
Reported by	Both
Date of Accident	12/10/2022 18:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	MACPHERSON RD TURNING INTO JLN WANGI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL7974G
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NUR FADIAH BINTE MOHAMED KARIM
NRIC No	SXXXX517I
Email Address	fadiahkarim@gmail.com
Mobile Phone No	(Phone) +65-82011902
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	CBF190WH
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	184

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A 300549928 VMP

DRIVER

Name of Driver	NUR FADIAH BINTE MOHAMED KARIM
NRIC No	SXXXX517I
Date Of Birth	15/09/1995
Occupation	Indoor

Date Of Driving Pass	12/10/2016
Driving experience	6 YEARS
Gender	Female
Mobile Number	(Phone) +65-82011902
Alt. Phone Number	-
Email Address	fadiahkarim@gmail.com
Address	BLK 842D TAMPINES ST 82
Address complement	#02-60
Postcode	524842
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
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?	Yes
Police Station Name	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:G/20221012/2145

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	SKB2016B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	AIDAN SEET HOE CHUAN
NRIC No	SXXXX561D
Contact Number	(Phone) +65-88758906
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 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 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.

Yahia Kain 13/10/22

Policyholder's Signature / Date & Time

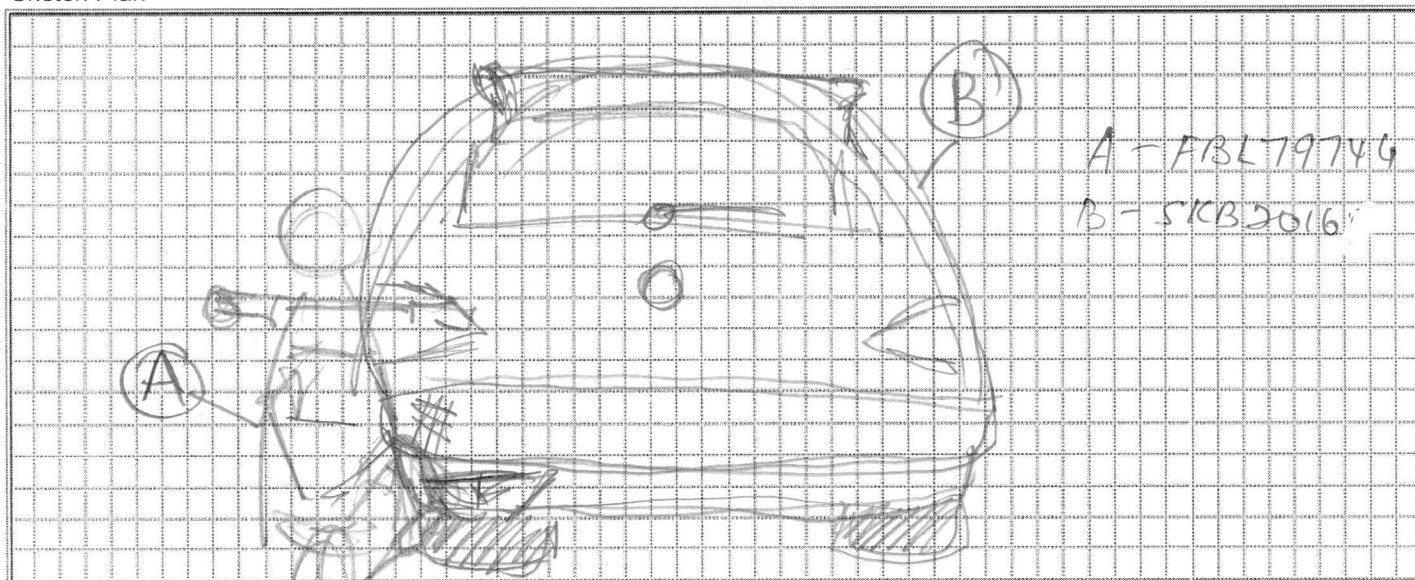
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

sym 13/10/22

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

Sketch Plan

MACRAHERSON RD TURNING INTO JLN WANGI



Describe Circumstance of the Accident

P/s refer to the police report.. G/20221012/2145

Declaration

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

Yachin Kaim 13/10/22

Policyholder's Signature / Date & Time

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

ofym 13/10/22

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



SINGAPORE POLICE FORCE



G/20221012/2145

1 of 2

POLICE REPORT (NP299)

Report No. G/20221012/2145

Police Station Of Origin
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Date/Time Report Made 12/10/2022 22:01	Vide Report No.	Station Diary No. 82
Name Of Informant NUR FADIAH BINTE MOHAMED KARIM	Address APT BLK 842D TAMPINES STREET 82 #02-60 SINGAPORE 524842	
ID Type / ID No. NRIC NO / S9533517I	Contact No. Home/Office Mobile 82011902	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation Graphic designer	Sex Female	Age 27
Institution/School Name	Date of Birth 15/09/1995	Race Malay
Date/Time Of Incident 12/10/2022 18:50	Location Of Incident MACPHERSON ROAD SINGAPORE before Jalan Wangi road entrance	

Brief details.

On 12/10/2022 at about 6.50pm, while I was riding my motorcycle, FBL7974G on the 1st lane of the 2 lanes, I had collided onto the rear left bumper of a car, SKB2016B.

We then stopped our vehicles by the side of the road of Jalan Wangi and addressed the issue as the Male driver did not signal his intention early to make a right turn onto Jalan Wangi from Macpherson Road. However, after exchanging particulars, as both of us were already heated over the issue, I told the

Signature Of Officer Recording The Report:
G / SI MOHAMED IDIL BIN
MOHAMED ALI

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
G / Bedok Police Divisional Investigation Branch /
SGT 3 MUHAMMAD HARIZ SIM JIA JUN BIN
MUHAMMAD HAFIZ SIM
Contact No.: 62447200

Signature Of Informant:

Date/Time:
12/10/2022 22:01

Classification Of Case:



**SINGAPORE
POLICE FORCE**



G/20221012/2145

POLICE REPORT (NP299)

CONTINUATION OF REPORT

2 of 2

Report No. G/20221012/2145

driver (in stern manner) to use his signal lights in the future to avoid similar accidents.

Instead of acknowledging the advise, he commented "You malay, right? use your brain abit!". I then told him that the remarks he gave was racist and that I could report the matter to the Police but instead, he challenged me to call for the Police. However, while I was on the line with the Police operator, the driver left the scene. As such, I ended the call with the operator.

I wish to state that prior to the accident, we were both on the 1st lane where I observed that the car had applied his brakes. I then slowed down and realised that there was another motorcycle infront of the car that has signaled to make a right turn into Jalan Wangi. As I was going straight, I continued and kept to the left most of the 1st lane where I observed that the car has also moved in the direction of turning right into Jalan Wangi. Suddenly, the car applied his brakes again. Thus, as I was not able to react in time, I collided onto the rear of the car.

I wish to further state that I do not have camera installed on my motorcycle and I am not sure if anyone witness the accident.

I am lodging this report as I felt the comment the driver, Aidan Seet Hoe Chuan S9323561D Hp: 88758906, gave was racist.

Signature Of Officer Recording The Report:
G / SI MOHAMED IDIL BIN
MOHAMED ALI

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
G / Bedok Police Divisional Investigation Branch /
SGT 3 MUHAMMAD HARIZ SIM JIA JUN BIN
MUHAMMAD HAFIZ SIM
Contact No.: 62447200

Signature Of Informant:

Date/Time:
12/10/2022 22:01

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: (12/10/22) (DD/MM/YYYY), TIME: (18:50) (HH:MM)

LOCATION: MACPHERSON RD TURNING INTO JCM WANG

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBL79749
b) INSURANCE COMPANY: MSIG
c) POLICY NUMBER:
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: NUR FADIAH BINTI MOHAMED (CARIM) (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S95335171 CONTACT: 82011902
c) ADDRESS: BLK 802D TAMPINES ST 82
#02-60

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

* No of passenger
(Including driver)
()

DRIVER

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

*d) DATE OF BIRTH: (15/09/1995) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 12/10/2016

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) TAMPINES NPC

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

* No of passenger
(Including driver)
()

- a) VEHICLE NUMBER: SKB20163 MODEL:
b) DRIVER'S NAME: AIDAN SEET HOE CHUAN
c) NRIC/FIN/PASSPORT: S9323561D CONTACT: 88758906

9. THIRD PARTY VEHICLE

* No of passenger
(Including driver)
()

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

Email = fadiahkarrim@gmail.com
fax =
video = nio



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 300549928 VMP

Excess : SGD300

Windscreen Excess : NIL

1. **Index Mark and Registration Number of Vehicle**

FBL7974G

2. **Name of Policyholder**

NUR FADIAH BINTE MOHAMED KARIM

3. **Effective Date of the Commencement of Insurance for the purposes of the Act**

22/03/2022

4. **Date of Expiry of Insurance**

21/03/2023

5. **Persons or Classes of Persons entitled to drive***

NUR FADIAH BINTE MOHAMED KARIM, MOHAMED KARIM BIN BUANG

*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 any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurers

Mack Eng
Chief Executive Officer